Clinical Lecture
ON
DIGITAL EXAMINATION OF THE UTERUS.

BY GRAILY HEWITT, M.D.,
PROFESSOR OF MIDWIFERY IN UNIVERSITY COLLEGE, AND OBSTETRIC PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL.

GENTLEMEN,—I propose to speak to-day on a subject introductory to the study of the diseases of women—namely, the methods of examination which assist us in obtaining information with respect to those diseases. The difficulties in practice are not so much difficulties in regard to treatment as to diagnosis. Moreover, mistakes in practice are more frequently due to errors in diagnosis than to any other cause. The knowledge of the physical condition of the generative organs was formerly a matter very much of conjecture. Physical examination was only carried to a slight extent. True, ages past, some old physicians, such as Aetius, as was not long since pointed out in one of the medical journals, had been acquainted to a certain extent with the physical alterations of the uterus, which must have been derived from a careful examination by means of the finger. It is a fact, however, that until comparatively recent times the investigation of the physical condition of the generative organs was carried to a very slight extent.

Within the past thirty years much attention has, however, been given to this subject. For some time the speculum was the instrument almost exclusively used in obtaining information as to the physical condition of the uterus. This method of investigation has been followed, in too many cases, to the exclusion of all other methods of examination. One cannot, therefore, be surprised at finding that in many instances very remarkable physical alterations of the uterus remained quite undetected, since the examination was confined to a visual inspection of the os uteri. It is, however, from digital examination of the uterus that we are able to learn most regarding the condition of the uterus. This is a point I am most anxious to impress upon you; and I now desire to explain to you how this examination is to be made, and what are the results to be expected from it. I was exceedingly pleased to find in a work recently published by M. Courty, of Montpellier, that the extreme importance of the digital examination of the uterus is so fully recognised. Unquestionably the speculum, and above and beyond that the sound, give completeness and exactness to the investigation in particular cases; but still the digital method stands first, and you will do well to recognise this as the primary one.

By means of the finger educated to the proper degree, you can become acquainted with the size and position of the uterus, the state of the vaginal canal, with the condition of the organs lying in the immediate vicinity of the uterus, the ovaries; with the presence of a tumour lying in the pelvis in the same situation, and affecting the uterus. You can make this examination by the vagina, or you can make it by the rectum. Another method consists in a sort of double examination, one finger being inserted into the vagina, and one or two fingers being placed over the symphysis pubis. When the patient is in a favourable position, you can get thus most important information. So also a double examination from the rectum and over the pubes can be made by placing one finger in the rectum and two over the pubes. You endeavour to bring the two together, and, if the patient is not very stout or fat, you can do this in such a perfect manner as to make it absolutely certain, for instance, that there is no uterus in a case in which that organ is congenitally absent. Thus also you can determine the shape of the top of the uterus. In fact, there seems to be hardly any limit to the information that can be gained from it under tolerably favourable circumstances. Much, however, depends on the position in which the patient is placed, and by far the best position for such double examination is lying on the back, not on the side, with the knees drawn up, and the observer standing at the patient's right hand. The first or second finger of the right hand is then passed in as far as possible; then two fingers of the left hand are placed over the pubes, and pushed inwards and downwards into the pelvis. In this way the two fingers can be brought into close proximity, the abdominal walls being in this position completely relaxed.

I will next describe the digital examination of the vagina only. A proper position is very essential; and the only good one is for the patient to lie on the couch on her left side, with the hips close to the edge, and the knees drawn well up. It is quite impossible to make a satisfactory examination with the patient lying in the middle of a soft bed.

The examination is usually conducted by means of the forefinger of the right hand. To arrive at the aperture of the vagina, place the left hand upon the great trochanter of the patient, and immediately under that you will find the vulva. Remember the distinction between the vulva and the vagina. The former is nearly an inch in depth; and, after passing on for that distance, the finger comes to the position of the hymen, the beginning of the vagina proper. If no impediment is created by the existence of the hymen, the finger of course passes inwards as far as the vagina extends; and the normal length of the vagina, including the part belonging to the vulva, is represented pretty exactly by the length of the forefinger, which has to pass in almost as far as it can be inserted before its tip reaches the cul-de-sac behind the os uteri.

Thus the first thing that is determined by this examination is the length of the vagina. That is determined at once. Next comes the condition of the uterus; and the facts relating to this must be set down under several heads.

The first point is the condition of the os uteri. Normally, in the woman who has not borne children, the finger finds merely a small aperture. In women who have had children the aperture is generally larger, it may even be so large as to admit one or two fingers.

Next determine the length and shape of the cervix, and recollect that it really occupies nearly one-half of the length of the uterus. The part which can be felt by the finger in the vagina is, however, only a small portion of the cervix—the "vaginal part," as it is called; the greater part of the neck is above that. You have to determine the length of this vaginal portion. In women who have not borne children this is not more than half or three-quarters of an inch. It may be much longer, or it may be shorter, and the latter point becomes very important with reference to the diagnosis of pregnancy. The cervix is not really shortened in that condition, but it is drawn up out of the vagina so as to appear shorter.

Next the density of the vaginal part of the cervix has to be investigated. There is a considerable softness about it normally, and yet it is pretty firm. In pregnancy it becomes very soft, and in the latter part of pregnancy it becomes as soft as velvet, so that towards the end you have a difficulty in making out that there is an os uteri at all.

The symmetry of the os uteri should next engage your attention. Is it symmetrical in form? Is it symmetrical as regards density? Nodulation or cicatrisation is an important sign. In cancer, for instance, there is a complete loss of symmetry both as regards form and density; it is irregular in outline, nodulated often, harder than natural, and the increased density is always greater on one side than on the other.

If you are a beginner you will find that this part of the examination will occupy you at least several minutes. The more practice you have the more rapidly will you be able to determine these several points.

After thus investigating the condition of the os, you may next proceed to examine the neighbourhood of the uterus. This may conveniently be regarded under four divisions: (1) that in front of the uterus; (2) that behind it; and (3, 4) those on each side of it.

Commencing with the examination of the anterior region, the finger is pushed forwards and upwards in front of the neck. It displaces the vaginal wall before it, and can thus be made to rise to a considerable distance in the pelvis between the uterus and the bladder. You will readily understand that, if the uterus is bent forwards unduly, the finger will thus come upon it and touch it. So, also, if there is a tumour in front of the uterus, the finger will come upon it. Thus this examination will inform you of the presence or absence of a tumour there, or of anteflexion or anteversion

of the uterus. Sometimes anteflexion will escape notice thus. The finger, being pushed forcibly up in front of the uterus, causes the organ, as a whole, to turn on its axis backwards, and you may fail to find the tumour because it retreats before the finger. The longer the disease has existed the more likely is this to occur, since after lapse of time the uterus gets rigid and fixed in its abnormal shape. This examination in front of the uterus will enable you to eliminate pregnancy. If a patient has arrived at the third month of pregnancy you will certainly be able to detect the enlargement of the uterus; while if you can detect no tumour in front of the cervix you may be pretty sure that pregnancy does not exist. Pelvic tumours of various kinds are liable to be met with there. An ovarian tumour may be felt there. A tumour growing out of the uterus itself may be found there. Peri-uterine hæmatocele, consisting of an effusion of blood, may be situated in front of the uterus, and cause a hard and rather firm tumour in this position. In pelvic abscess and cellulitis there is an induration in the pelvis which may also be situated in this locality.

The neighbourhood behind the uterus is equally important with that in front of it; and its examination ought never to be neglected. When the uterus is in a proper position, the finger, passed up behind the cervix, is unable to explore the uterus higher than a point just above the junction of the vaginal wall and the cervix; and nothing can be felt beyond that point. But we often do find a tumour in that situation. Its most common cause is retroflexion of the uterus; and then the finger comes upon the body of the uterus behind its neck. In all cases of retroflexion, except those in which the amount is very slight indeed, you will find a tumour there. Certainly, in ninety-nine cases out of a hundred you will be able to detect it. I have frequently known marked retroflexion to be missed solely from the practitioner neglecting to examine the part behind the neck, and confining the investigation to the condition of the os itself. Finding a tumour there, you have next to make out its shape; and the most important thing to ascertain is whether the tumour is symmetrical and in the middle line. The retroflexed fundus is usually, as might be expected, symmetrical, and generally nearly in the middle line. But the tumour may be due to other conditions: one of the ovaries may be displaced, and may lie near the middle line behind the uterus. It is not common; but the ovary may be found there, enlarged and painful. You would separate it from the uterus by making out that it was not continuous with the cervix. The point of the finger is made to travel slowly from one point to another; and, if it be an ovary, you find a break between the two. A fibroid tumour growing from the back of the uterus is not very rarely met with in this same position, which may be of any size, and may simulate very closely retroflexion of the uterus. The diagnosis between the two is made with the greatest possible ease by means of the sound. Sometimes a fibroid tumour is associated with retroflexion, and is, indeed, its cause, pulling the uterus back. Another tumour often met with there, is that caused by pelvic cellulitis. This is usually found to one side; it is hard, dense, and resistant in the chronic stage, and the parts are evidently all matted together. It is sometimes difficult to distinguish this tumour from one that consists of a fibroid tumour alone. Peri-uterine hæmatocele is more common in that situation than in any other.

By examining the lateral aspects of the uterus you become acquainted with the condition of matters in the broad ligaments—the space which intervenes between the two surfaces of the peritoneum which are reflected over the Fallopian tubes, and enclose a dense mass of cellular tissue and an immense quantity of vessels, veins, arteries, and lymphatics. It is in this situation that inflammation so frequently occurs. If you suspected that a patient had pelvic cellulitis, you would, as a rule, expect to find the swelling on one side or other of the uterus. Tumours do not so often grow from the sides of the uterus as from the front and back, or at all events are not so obvious on a vaginal examination. Effusions of blood may also occur at the sides of the uterus. Sometimes the uterus is turned over to one side, giving rise to lateral version; and this is very commonly combined with anteversion. In retroversion it is common to find the uterus a little to one side of the middle line, but not so much as in anteversion.

Having thus examined the os uteri and the region round it on all sides, by means of the double examination I have before referred to, you may extend this, and render some things certain which before were uncertain.

Lettsomian Lectures
ON
EXCISIONAL SURGERY OF THE JOINTS FOR DISEASE.

Delivered before the Medical Society of London.

BY FREDERICK JAMES GANT, F.R.C.S.,
SURGEON TO THE ROYAL FREE HOSPITAL.

LECTURE I.
THE KNEE-JOINT.

MR. PRESIDENT AND FELLOWS,—When the Council of this Society proposed to confer on me the honour of appointing me Lettsomian Lecturer for the present year, I naturally felt some hesitation in accepting a position which had been held so worthily by many distinguished predecessors. Nor was my difficulty lessened by the reflection that, in order to sustain the distinction of that position, it would be incumbent on me to come before the Society with some original contribution to surgery which would imply considerable clinical labour and practical experience. The Council will, perhaps, remember that, under these circumstances, I did hesitate before complying with their unanticipated overture. Fortunately for me, there was a subject to which I had long devoted special attention—that which may be aptly designated "Excisional Surgery of the Joints"; and it seemed to me that I might venture to bring together, so far as time permitted in these lectures, a systematic view of this department of surgery.

Excisional surgery is best introduced by defining its full signification. Excision—or resection, as it is sometimes less properly called—signifies the removal of any part of the body by a cutting-out operation of extirpation. This kind of operation relates chiefly to the joints and bones, although it may be practised also for the removal of tumours, as adventitious growths produced in connexion with the natural organism. The object of excision is, therefore, to preserve or to restore the organism, as far as possible, in or to its healthy anatomical integrity. With regard to the osseous system, comprising the joints and bones, excision may be practised either for disease or for injury of these parts.

In approaching this subject we may just take a retrospective glance at its history and time-honoured associations. Hippocrates, in whose writings 2400 years ago so many other surgical aspects of the present age are reflected, distinctly notices the resection of bones at the joints,—as of the leg, the ankle, the forearm, the wrist. Then, again, we find Celsus and Paulus Æginetа both as explicitly directing the excision of the ends of bone,—the one in compound dislocations, the other in compound fractures with protrusion. But the latter writer refers also to the practice of excision for disease of the joints or of the bones: "When," says he, "the extremity of a bone near a joint is diseased it is to be sawn off; and often, if the whole of a bone, such as the ulna, radius, tibia, or the like, be diseased, it is to be taken out entire." Thus, then, excisional surgery had its origin in that fertile period of the world's history when arts and literature flourished. Subsequently, in the course of those dark and dreary middle ages, when the human mind lay dormant, as in a death, it is scarcely possible to trace a vestige of that which was destined to become a leading feature of modern surgery. Not until towards the close of the last century were the operations of joint excision fully recognised. In 1781, Park, of the Liverpool Hospital, excised the knee-joint, and with a successful result. This was followed by a second successful operation on the knee, in 1789. Contemporaneously, in France, the Moreaus,

senior and junior, practised excision of this joint, between the years 1786 and 1789; and then of the elbow-joint, the one surgeon in 1794, the other in 1797. The efforts of Park and Moreau failed to make any, the slightest, impression on the profession or the public. In September, 1782, Park wrote to Percival Pott, of St. Bartholomew's Hospital, "a few sheets, in which," said he, "I hope to show that in some of the affections of the knee and elbow in which amputation has hitherto been deemed indispensably necessary, surgery has yet another resource, which, as far as my reading and experience enable me to judge, has not yet been attempted by any other practitioner—I mean, *the total extirpation of the articulation.*" He emphasised his suggestion by underscoring it, as an indication for italics. This announcement, however, seemed in no way to have moved the original mind of the famous metropolitan surgeon. On the continent, the memoirs offered by the Moreaus to the French Academy provoked violent opposition, and were rejected with disdain by the surgical *savans* of France. Thus it was that towards the close of their labours the pioneers of excisional surgery experienced the mortification of knowing that they had attracted no followers—no successors.

It is unnecessary to pursue this general historical sketch further; those who revived the operations of excision, and subsequent contributors, will be amply noticed in connexion with the consideration of the several joints. But what I would here particularly advert to is, the wide difference between establishing an operation as a recognised procedure in surgery, and the discovery, subsequently, of the conditions, local and constitutional, under which, as guiding principles, the operation should be practised. They can only be discovered by an elaborate analysis of accumulated cases, carefully observed and recorded. The experimental trials of Park and Moreau confessedly on their part left the operations of joint-excision simply as recognised procedures in surgery. Subsequently, the revivalists and those who have practised these operations have, I submit, left undone that which I propose. It is therefore to the *conditions* of the joints in disease or injury which may be appropriate for excision, as the most prominent feature in these lectures, that I would now invite your attention.

This inquiry is so large as well as difficult, that, in addressing you on the subject, I shall have to restrict myself to the conditions of *disease*, and especially to those which comprise the *inflammatory* affections of the joints, whether commencing in the synovial membrane (as synovitis), or in the ends of bone (as caries), and extending, in either condition, to ulceration of the articular cartilages. *Cancerous* disease of the articular end of a bone is comparatively rare, and more rarely justifies excision of the joint. Amputation entirely above the seat of disease is the only resource.

By an analysis of twenty carefully recorded typical cases, published in the Medico-Chirurgical Transactions of last year, I endeavoured to establish three propositions, representing the conditions of disease appropriate for excision of the joints in general; and certain supplementary propositions relating to particular joints. The experience of seven additional cases enables me to confirm and enlarge these conclusions, and, so far as they may stand the test of further experience, they may be taken as principles or rules for the guidance of the surgeon in his selection of this operation. I may here state that this series of cases is *consecutive*—i.e., it comprises *all* the cases in which I have had recourse to the operation of joint-excision. No adequate basis for generalisation can be afforded by any limited series of cases; but my own have the advantage of preconsidered observation and analysis specially with a view to the purpose proposed; and I have supported my conclusions by large masses of evidence carefully gathered from recorded sources of trustworthy results.

I. THE KNEE-JOINT.—*The conditions of disease appropriate for excision.*—The knee-joint, considered in relation to the operation of excision, illustrates the three general rules as to the conditions proper for operation:—Destruction of the articular cartilages, and perhaps dislocation, without the supervention of anchylosis, but whilst the constitutional condition has not advanced to hectic and emaciation; anchylosis of a nature inappropriate to the functional use of the limb—namely, here, ligamentous union; or such anchylosis, coupled with malposition of the limb by retraction and dislocation.

But there are also certain *peculiar* conditions as pertaining to the knee-joint which more especially determine the propriety of excision.

(1) Compared with other joints, a certain *limit to the extent* of disease is essential to success. The disease must not extend in either the femur or the tibia beyond the limits requisite for the formation of sufficiently wide-based osseous surfaces to permanently support the weight of the body, and for the preservation of a sufficient length of limb to be really useful. The *patella* should always be removed, as being diseased in some cases, and always useless as a remnant after excision of the joint.

(2) In *young* subjects—under the age of about ten or twelve years—it is of importance that the disease should not extend beyond the limits necessary for the preservation of the epiphyses or of the epiphysial cartilages; the integrity of the latter, at least, being requisite for the subsequent growth of the bone, and thence of the limb, in length. The observations which led to this rule were originally made by Professor Humphry, of Cambridge.

Operation.—Excision of the knee-joint for disease, originally introduced by Filkin, of Northwick, in 1762, was followed by Park, of Liverpool, as an independent originator, in 1781; but the operation, performed by Syme in 1829, and on the Continent by Heyfelder in 1849, was revived by Sir William Fergusson in 1850, and followed immediately by Jones, of Jersey, and Mackenzie, of Edinburgh.

The patient lying recumbent, and under the influence of chloroform, the limb, already bent by retraction of the leg consequent on the joint disease, is firmly held by an assistant so as to present the knee vertically; his one hand grasping the thigh, the other hand the leg, the foot of which rests on the table. The knee-joint is most conveniently laid open for excision by a curved horseshoe-shaped incision (∪), extending from the side of one condyle downwards across the head of the tibia, just below its articular surface, to the same point on the side of the opposite condyle. Thus both ends of bone are exposed. A second sweep of the knife, dividing the ligamentum patellæ, will fairly enter the joint from side to side, when a touch or two over the remains of the crucial and lateral ligaments completely lays it open, the joint being at the same time forcibly flexed by the assistant. In young subjects, with fibrous anchylosis, care must be taken to sever any such union with the knife, lest by forcible flexion either epiphysis become attached—an accident, in regard to the tibial epiphysis, which happened in one of my own cases, and which my friend Mr. Bloxam, of St. Bartholomew's Hospital, has seen occur in two more. The joint having been laid open, I raise the flap of integument with my left hand, hooking my fingers under the patella, and, taking particular care not to detach the integument from the femur, I draw the knife across just above the articular end of bone, so as to define it for excision. The saw, a small, broad-bladed one, is applied in this line, at a right angle to the bone—observing to make allowance for the projecting direction of the articular end—upwards and forwards, in the flexed position of the limb, as held by the assistant. Unless this direction be observed, the section of bone will be oblique to the shaft. A few strokes with the saw brings its edge out just behind the condyles of the femur, and corresponding to the posterior margin of the articular surface of the tibia; when a slight jerk outwards of the blade detaches the section, exposing a broad, flat, osseous surface on the end of the femur. The popliteal vessels and nerves are quite out of the way in making this section, the saw inclining forwards almost parallel with them, and the ligamentum posticum intervening. To make the tibial section, I apply the saw similarly in front of the head of the tibia, on the margin of the line of incision about half an inch below the articular surface, no detachment of the integument being necessary for this purpose, and carry the blade, at a right angle to the bone, or parallel to the articular surface, so as to bring the edge out about half an inch below it posteriorly; when a jerk upwards with the blade will detach the articular end without touching the ligamentum posticum, or endangering the popliteal vessels and nerves, and a broad, flat, osseous surface is exposed. If the tibial section were made from *behind* the articular surface, and the femoral section also, as some surgeons practise the operation, the popliteal parts would indeed be quite out of the way; but the ends of bone are thus apt to be

detached from their vascular connexions, and the femoral section, as made from the front, is perfectly free from any risk, while the tibial section can be safely made with the little precaution already observed in using the saw towards the posterior ligament. But the liability of wounding the popliteal artery, either with the knife or the saw, should not be overlooked, that accident having happened in at least two instances, one of which was, however, a re-excision wherein the adjacent parts were somewhat affected by adhesion; yet, still to inculcate caution, this accident happened in the hands of a most skilful and practised operator. In the event of such a mishap, amputation must be performed forthwith. Excision of the joint may be performed in a *block*, instead of by separate section, when the articular ends of bone are firmly anchylosed; the piece of bone cut out having a V shape, owing to the projection of the knee forward from constant retraction of the leg.

The parallel surfaces of bone, thus made in either way, lie in parallel apposition when the limb is extended. This is the most important operative consideration with relation to the formation of firm osseous union. An oblique direction of either surface is most unfavourable to this result: too much space intervening at one part for the formation of an intermediate plate of bone, and the remainder of the surfaces being tightly locked, the limb cannot be flatly extended; painful startings of the limb ensue from attrition of the surfaces in contact, and no intermediate plate of bone can be produced. Thus the union would be in part imperfect or ligamentous, and in part incomplete or wanting. A second section must be made from either end of bone, if necessary, to reach a healthy surface, or gouging may be requisite; but the extent of bone excised should be limited by the considerations already explained, and the surfaces must always be finished off *parallel*. The patella is removed, avoiding the making of a button-hole in the integument. Any thickened synovial membrane, often slate-coloured, may be dissected out. Hæmorrhage is easily arrested by torsion of the articular arteries, or any other small bleeding vessels. In scrofulous caries little difficulty is experienced. In chronic synovitis the bleeding is sometimes profuse, owing to the vascular and thickened state of the synovial membrane, and the bone remaining healthy and florid. But torsion, sponging with cold water, and exposure, will still prove sufficient to stop the hæmorrhage. I then extend the limb, and having seen that the ends of bone lie in even apposition—not absolute contact—a flat piece of sponge is held on the wound while the splints are applied. The extended limb is laid on a padded back-splint covered with oil-silk under the knee, this splint reaching from the fold of the nates to just above the heel. I now prefer to have the foot-piece part of the lateral splint, as thus the heel escapes pressure and a consequent tendency to sloughing. McIntyre's splint I have long disused; it not only causes some pressure on the heel, and precludes access to that part for dressing, if requisite, but the trough in which the limb lies induces more wasting of the muscles than would otherwise ensue, and thence also a loosening of the splint at an earlier period than when it may be safely removed for cleansing, and re-applied. Broad strips of adhesive plaster are drawn round the limb and splint, immediately above and below the knee, another broad strip high up on the thigh, and narrow strips around the ankle and instep. A roller bandage is applied from the foot upwards, and another high up from the thigh downwards, leaving the knee uncovered. An outside interrupted splint, well padded, and covered with oil-silk above and below the interruption at the knee, and provided with a vertical foot-piece, is now applied; this splint reaching from above the great trochanter downwards, and the end of the thigh-piece well supporting the very *end* of the femur externally, at the seat of excision, while the perpendicular foot-piece maintains the leg in position, and the upper end of the tibia in steady apposition with the femoral end of bone. Elevation of the whole limb five or six inches will be found to further aid the latter purpose. A short padded femoral splint may also be placed in front of the thigh, terminating just above the femoral end of the bone; but if the external thigh-piece be not *too wide*, this anterior splint will scarcely be necessary, and I rarely use it. The external splint is secured by a roller bandage from the foot to below the knee, and by another bandage from above the knee, up the thigh, and over the end of the splint, with perhaps two or three turns around the pelvis. The use of the external splint is to counteract the tendency to displacement of the lower end of the femur, in three directions, after excision of the knee-joint—projecting outwards by abduction, rotation outwards, and projection forwards.

The first two displacements give the characteristic bow-legged and twisted appearance which, in a greater or less degree, is so common in the course of union after knee-joint excision, and both of which proceed apparently from muscular action; while the tendency to projection forwards seems to be produced by a constant sinking of the buttock in bed, thus tilting the lower end of the femur forwards. The side-splint specially counteracts all three displacements; the thigh-piece corresponding in length and breadth with the femur, any tendency outwards is prevented; while eversion and forward projection are restrained by the bandage, and the latter displacement by the support of a firm mattress, or at least a pillow under the buttock. I have had occasion to lengthen this side-splint up to the axilla, so as to counteract a tendency to an angular twist of the trunk to the opposite side in bed, whereby the lower end of the thigh is abducted or everted, with an angular projection outwards at the knee. But there is no tendency to abutment inwards, and no occasion for the application of an internal splint, as practised by some surgeons. Such a retentive appliance after knee-joint excision is the precaution of a blind timidity, not that which a due knowledge of the possible displacements would suggest.

Lastly, the sponge is removed from the excision wound, any clot wiped out, the ends of bone finally seen to be in apposition, and then the flap of integument closed down evenly by points of suture. Strips of lint soaked in carbolic acid lotion (1 part to 40) are laid over the line of incision, and a broad piece of oil-silk over the whole knee; over all a roller bandage is applied to further exclude the air, and maintain some compression to prevent oozing and secondary hæmorrhage. The patient is removed to a bed close at hand, the limb elevated on pillows to a height of about six inches, and a cradle placed over the excision.

After-treatment should be conducted in accordance with the general principles common to all joint-excisions. But I would urge the importance, with reference to the after-treatment of knee-joint excision in particular, of one rule: not to reapply the splints before the end of a month or six weeks, unless absolutely necessary to correct some important displacement.

Results of Excision of the Knee-joint in relation to Natural Anchylosis.—The true comparison of joint-excision is with the natural cure by anchylosis. Such comparison would involve several essential particulars: the appropriate nature of the anchylosis, and with a proper position of the limb for its functional use; the duration of the period of recovery; the permanency of that result, and its frequency, as resulting from excision or from the natural cure; and their liability to life, or comparative mortality. Statistical results bearing on these questions, and which shall be sufficiently accurate and comprehensive for comparison, are wanting with regard to the knee-joint, no less than in respect to other joints.

Six valuable cases of knee-joint anchylosis, resulting from disease, without suppuration, have been recorded by Mr. T. Bryant.* They do not, however, entirely meet the questions which I have suggested, and the limited number of cases do not supply sufficient data for comparison.

The period of natural cure would seem to be very protracted, extending often to five years or more, and even to ten years. Cases of this duration, respectively—not, it must be confessed, of a very inviting and encouraging character,—are recorded by Mr. T. Bryant and by Mr. Hilton as having occurred in their practice for the mechanical cure of knee-joint disease. But even a more important consideration is this, that such protracted recovery is attended with a proportionate reduction of constitutional vigour. Hence, with reference to the question of mortality, operative interference may be too late, or intercurrent disease, consequent on delay, may carry off the patient. In either case death ensues from the prolonged attempt to bring about a natural anchylosis. The patient is killed in the curing.

But this inquiry must be pursued. Its importance cannot be over-estimated, since, even in the advanced state of suppuration, free incisions into the joint may prove successful

* Medical Times and Gazette, 1870.

in terminating the disease, with a movable joint, or at least with anchylosis—a mode of treatment in aid of the natural cure for which surgery is indebted to the President of this Society, Mr. Gay.

ON PAIN, AND SOME OF THE REMEDIES FOR ITS RELIEF.

BY WILLIAM DALE, M.D. LOND.

THERE are several diseases which, towards their termination in death, give rise to great pain; whilst there are others which, during their course, produce pain, in a greater or less degree, whether the end be death or recovery. I propose to make some remarks on such diseases in a practical way. The former have special claims upon our sympathy and care; for, as medical men, I conceive it to be our privilege as well as our duty to afford relief from pain after all hope or attempts to cure the disease may have been relinquished. Such a work as this was suggested to me several years ago by some remarks which I met with in Sir Thomas Watson's "Lectures on Medicine," in connexion with the word *euthanasia*.* I have, therefore, no novelty to present to the attention of the reader; but as I have not seen the subject dealt with at large, or, indeed, more than in scattered remarks in medical writings, I judge it may neither be uninteresting nor unprofitable to bring together a few thoughts bearing upon it.

Pain is emphatically the Nemesis by which man is pursued from the cradle to the grave; and it is frequently so dreadful, so agonising, so overwhelming, and so utterly beyond endurance, that no effort and no philosophy can render it supportable. Some ancient philosophers, especially the Epicureans, looked upon "corporeal pain as the only real evil; that of inward discontent being, they held, an evil that we frame to ourselves." Hence they shrank from it always, unless by bearing it a shorter or longer time they might secure greater and more lasting happiness. And, without fear of contradiction, one may assert that pain is not better borne now than it was in ancient times, but is equally dreaded as an evil to be avoided or escaped from; indeed, I question whether it be not more feared by the sensitive and nervous than even death itself. Pain is complained of as sharp, heavy, throbbing, stabbing, splitting, boring, burning, tearing, cutting, wearing, &c.; and these names serve to show the corporeal sufferings through which men pass in the course of various diseases. One of our greatest poets speaks of it in language which suits every age:

> "Pain is perfect misery, the worst
> Of evils; and, excessive, overturns
> All patience." MILTON.

Burns's anathema against this our common foe is well known:

> "My curse upon your venom'd stang,
> That shoots my tortured gums alang
> And thro' my lugs gies mony a twang
> Wi' gnawing vengeance;
> Tearing my nerves wi' bitter pang,
> Like racking engines."

This much, then, by way of introduction to the subject. I now proceed, first, to enumerate some diseases in each of the classes already mentioned, which may serve to represent the whole; secondly, to dwell briefly on these diseases *seriatim*; and, thirdly, to notice the medicines and other modes of relieving the pain by which they are attended.

In Class I. may be placed—

1. Phthisis pulmonalis. (*a*) Pneumothorax producing dyspnœa or orthopnœa. (*b*) Extent of the disease (affecting the lungs so largely as to leave but little sound lung tissue for the due performance of their functions, and producing dyspnœa or orthopnœa, as in pneumothorax).
2. Asthma. (*a*) Emphysema. (*b*) Hypertrophy and dilatation of the right side of the heart.
3. Heart disease. (*a*) Mitral insufficiency. (*b*) Angina pectoris.
4. Cancer.

* Signifying easy dying, or an easy death.

In Class II. we may notice—

1. Passage of gallstones.
2. Passage of calculi.
3. Intestinal obstruction.
4. Neuralgia.
5. Tetanus.

It is not my intention to describe these diseases, because to do so would be irrelevant to the standpoint from which I wish to view them. My object is simply and clearly to point out the circumstances and accidents—if I may so speak—which, during their progress, or at or near to their close, are accompanied by pain; yet it is indispensable that I cast a sufficient glance at their semeiology to render myself intelligible.

CLASS I.

1. *Phthisis pulmonalis.*—Charles Dickens has given us a well-known and much-quoted description of pulmonary consumption in "Nicholas Nickleby," speaking of it as "a dread disease which so prepares its victims, as it were, for death; which so refines it of its grosser aspect, and throws around familiar looks unearthly indications of the coming change—a dread disease in which the struggle between soul and body is so gradual, quiet, and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load; and, feeling immortality at hand, deems it a new term of mortal life,—a disease in which life and death are so strangely blended that death takes the glow and hue of life, and life the gaunt and grisly form of death." This is a true and beautiful description of phthisis, from a non-medical point of view, as to its general features, for in most cases pain is not a prominent symptom; but alas! this clever word-painting is not universally correct. Sometimes a tubercular abscess (Aitken) opens into the pleura, and the fluid thus introduced, pressing upon the lung, impedes its functions, already more or less impaired; and the accident may be attended by the admission of air also, if the abscess involve one or more bronchial tubes. At other times the disease has so far encroached upon the tissue of the lungs, and they are so full of cavities and tubercular deposit, that their functions can be but imperfectly performed. A low kind of pleuritis also may give rise to effusion either of pus or serum into the pleural cavity, with a similar result as to the patient's discomfort. Effusion of fluid, then, into the pleural cavity resulting from pleuritis, or the discharge of a tubercular abscess; pneumothorax, with or without effusion; extensive destruction of lung-tissue, united with the general debility which ensues towards the close of the disease, when "the pitcher is about to be broken at the fountain," are the chief causes of the patient's sufferings; and the shortness of breath—his great trouble—is often so urgent and so distressing that you fear every breath he draws will be his last. I say "fear" in the medical aspect of the case, for, indeed, hope would be the better term if you consulted only the patient's feelings, and not seldom his wishes also. I had a boy fourteen years old under treatment in phthisis. His sufferings were very great towards the close. He sat on a couch by the fire for nearly a week without being able to lie down, from feelings of suffocation, and died where he sat. An invalided officer in the army was also under my care, who suffered much agony in this disease for several days previous to his death. In the former case the anguish arose from the disease having encroached largely upon the substance of the lungs, and there being probably some effusion into the pleural cavity; and in the latter from pneumothorax, so far as I could ascertain, for in both cases the patients were too ill to bear much examination.

2. *Asthma* comes next in order in this class. Asthma, if severe and frequent in its attacks, produces emphysema, and not seldom also hypertrophy and dilatation of the right side of the heart, the causes in both cases being bronchial spasm, with infarction of mucous secretion; in the one case giving rise to supplementary respiration (Watson), or overwork for the healthy portions of the lungs; in the other to capillary congestion, throwing back the blood upon the heart, causing unwonted efforts of the right ventricle to overcome the obstruction, and so, in the end, hypertrophy and dilatation. Œdema of various parts of the body, but especially of the lungs themselves, adds considerably to the distress of the patient. Venous congestion, great breath-

lessness, heaviness, and faintness, are the chief symptoms. Indeed, as one writer observes, "his life is choked out of him, and his sufferings are inexpressibly painful to behold, until the not unwelcome insensibility ushers in dissolution." I once saw a man stand nearly three days by the side of a chair, in the utmost distress, brought about by repeated and severe attacks of asthma; and he sank at length into a state of insensibility and death where he stood. Shorter attacks of orthopnœa as death approaches are not very rare in practice; but words are quite inadequate to describe the sufferings with which such results of asthma are attended.

3. Some *diseases of the heart* stand next in order for consideration.

Valvular insufficiency of whatever kind, with the exception, perhaps, of slight obstruction at the aortic orifice at an early period, almost always leads to considerable suffering and distress, unless, indeed, the life of the patient be suddenly cut short. The circulation being impeded behind the obstructed valve, we observe irregular distribution of blood to the brain and congestion throughout the whole of the capillary system,—as that of the lungs, liver, stomach, &c., with more or less dropsy. When these evils occur death is *in propinquo*, and the symptoms and effects are often very painful and harassing to the patient. He complains of pain, or a feeling of distress even worse than pain, in the region of the heart, faintness, vertigo, and headache; and, above all, distressing breathlessness, the least movement or change of posture making him pant, and gasp for life and breath, and dread instant suffocation. These effects, it will be observed, are similar to those produced by asthma, the congestion of the lungs being the same in both cases, but with this difference, that in the one case the mischief begins at the lungs, and in the other at the heart. Dropsical effusions are also common to both diseases.

Angina pectoris, another painful affection of the heart, next claims attention. It has been designated "neuralgia of the heart" by some, and was very well described by Heberden nearly a hundred years ago; and from his work, indeed, later descriptions have been chiefly borrowed; such is the case in Dr. Watson's Lectures, and also in Hooper's Vade-Mecum. In its first attack, this disease comes on when the patient is walking, especially when ascending a hill after taking food. It consists of a severe paroxysm of pain and constriction across the chest, threatening to destroy life, and obliging the sufferer immediately to stand still. The patient is apparently in health before this sudden and alarming *anguish*, which differs entirely from dyspnœa. The pain frequently spreads from the chest to the upper part of the left arm, and even to the elbow. After the disease has lasted a year or so, the paroxysm is not terminated immediately on standing still, but persists for some time; it is also excited by slighter efforts—as riding in a carriage or on horseback, by evacuating the bowels, or by mental emotion. This spasm or fit in the region of the heart, commencing at first in walking up any ascent, especially against the wind, and afterwards excited by slighter causes, is the chief feature of the disease. But it may seize the patient when he is still, or when standing or sitting, and especially on awaking out of his first sleep, if he have been lying on his left side. Sometimes the pain spreads not only to the arm, but to the hand also, but this rarely happens; and, more rarely still, the arm is benumbed and swollen. Towards the close the attack may last many hours, keeping the patient in great agony and alarm. At length, an unusually violent fit or sudden syncope, without previous warning, terminates a wretched existence.

4. *Cancer.*—The last disease in this class which remains to be noticed is cancer, and I shall not dwell upon it. Cancer is still among the opprobria of surgery and medicine; for, whilst there are no internal remedies which can be said to exercise any influence over the disease, it is still *sub judice* whether any operative interference is justifiable, inasmuch as it may return, either in the cicatrix, in a neighbouring gland, or in an internal organ, and then run a more rapid course than before. From these facts, the subjects of this malady are very much to be pitied. They carry about with them a disease which medicine cannot reach, and for whose relief surgery can only offer the bare shadow of a hope, and not even this in all cases (as where it occurs in the uterus and rectum). Those affected by cancer suffer great pain, especially of a lancinating, neuralgic character; and sooner or later become loathsome to themselves and to all about them, if we except those angels of mercy—"few and far between"—whose affection, pity, and self-denial never fail. Since, then, this disease generally runs a fatal course, and so much needs palliatives towards its close, I have given it a place here.

(To be continued.)

ON SURGICAL DRESSINGS.

BY T. HIRON BARTLEET, M.B., M.R.C.S.,
SURGEON TO THE BIRMINGHAM GENERAL HOSPITAL.

I HAVE been for many years increasingly disappointed with the ordinary dressings for suppurating wounds, such as amputations, excisions, burns, chronic abscesses, ulcers, &c.; and I believe a feeling of dissatisfaction is somewhat general. To this feeling may be attributed the great variety of dressings and of modes of dressing that have from time to time been recommended, and to it also the discarding by some of dressings altogether—the advocates of this plan recommending, for example, that a stump should be placed on a protected pillow and left altogether uncovered. Dressings have been, and still are, so frequently a harbour for dirt and decomposing discharges, that it is not surprising that their use should be less common and less complicated, or even dispensed with altogether.

Dressings usually have had some connexion with lint. Now I have found lint to be, under almost all circumstances, a useless, and very often an injurious dressing. The lint of commerce is usually prepared from calico, instead of linen; and the cotton fibre is much more irritating than that of flax—a fact which will be readily understood by comparing the two under the microscope. Lint, too, is non-absorbent to a degree that few would expect, though every surgeon must have occasionally found the flaps of an amputation or open excised breast plugged by the lint laid over it, the first few drops of discharge having gummed down its edges to the parts near.

For the application of unguents, now so seldom thought necessary, linen is much more convenient than lint, as it receives the ointment more regularly, and is less heating and bulky when applied.

I use lint myself rarely, except for two purposes: first, to check hæmorrhagic oozing, or to repress exuberant granulations, in which latter case sheet tin or lead is cleaner and more efficacious; and, secondly, for the application of lotions, where lint is useful from its capability of containing more of the fluid than linen will do—that is, when the lint is well soaked.

Even the plan of placing the suppurating part, as a stump, on a pillow covered with india-rubber sheeting, excellent though it is in its simplicity, has its inconveniences, from the tendency of the discharge to run off the pillow on to the bedclothes. Moreover this plan cannot be carried out in cases of suppurating wounds on the trunk.

It appears to me that what is wanted is, a dressing unirritating, very absorbent, capable of retaining lotions and of being carbolised, and, for general and especially for hospital use, of an inexpensive character and readily obtainable. I think all these requirements are found in picked oakum. In a former communication to THE LANCET I mentioned that this dressing is in frequent use among American surgeons, and that it was, I believed, first introduced into this country by my friend the late Mr. Redfern Davies. Oakum is readily to be obtained at gaols or workhouses in its crude state, in which condition it is used for caulking ships; and it is moderate in price. It consists of old ropes unpicked, and is therefore tow, but different from tow in two points: firstly, that it retains the agreeable and cleanly odour of tar, the presence of which may confer upon it some disinfecting properties; secondly, that, having been for some time twisted, when unpicked it retains a "springy" resilient condition, which renders it much more absorbent than tow. In a few words, picked oakum differs from tow just as curled horsehair differs from ordinary horsehair, and its use is in accordance with this difference.

I have been in the constant habit of using picked oakum for several years, first in the Birmingham Children's Hos-

pital, and later at the General Hospital. I have used it in all kinds of suppurating wounds, and I believe invariably with advantage. It is some testimony to its value that every house-surgeon who has used it has expressed to me a high opinion of it.

It may, perhaps, appear unnecessary to write about the treatment of suppurating wounds when carbolic acid is doing so much to prevent their existence. But there are always cases in hospital that cannot be treated on Lister's plan, or in which that treatment has failed, or cases that have not come under treatment until suppuration has begun. Moreover, the time and care and extra assistance required in the sealing and after-dressing of wounds by Lister's process will prevent this treatment becoming very general.

Now, of course, I do not assert that picked oakum will heal an abscess, a sinus, or an ulcer; but when such are freely suppurating I think its use will materially expedite the cure by removing the pus as rapidly as it is formed, and I also believe that the comfort of the patient will be greatly increased by its use. In any hollow wound which cannot readily be placed in a position to drain itself, it is most useful. A few months ago I removed by the trephine a portion of the frontal and parietal bones of a child, whose skull had been fractured by a kick from a horse. The dura mater was uninjured. The hollow was a few days after constantly filled with pus, which, from its lying on the dura mater, gave me some anxiety. The application of a dossil of picked oakum maintained in place by a light bandage, and reapplied night and morning, kept the cavity quite empty.

I usually treat my amputations without dressings of any kind, only placing them on a protected pillow, and first putting under them a double handful of the oakum, which absorbs the secretions and prevents them running off the macintosh on to the bed. The oakum is readily removed two or three times daily, and, by its resiliency as well as by its cleanliness, is a comfort to the patient.

In abscess of the breast, both when the patient is in bed and when she is up, a double handful of oakum placed under and on each side of the breast, and kept in position either by a light bandage or by a piece of strapping, will keep the patient dry and clean far better than any other mode of dressing I know of. I am at present dressing a private case of excision of the breast in this way, and have used no other application from the very first. In fact, in any case of suppuration, in the use of drainage tubes, and especially in deep wounds, where it is difficult to place the opening of the wound in a depending position, the oakum will be found invaluable.

I know of only one objection to its use, and that is its apparent roughness. I say *apparent*, because I have heard no complaints of its being irritating to a patient. I used formerly, in special cases, to place between the wound and the oakum a piece of cap-net, which either did, or at all events appeared to do, all that was required. But now the oakum is being carded by machinery, and thus prepared it is much softer than the hand-picked, while it does not seem to have at all lost its springiness or its absorbent power. I am now using some sent to the General Hospital by Messrs. Southall and Dymond, by whom it is also prepared, and I find this, which the manufacturers have named "Tenax," in every way a most useful form of oakum. I think it will probably take the place of hand-picked oakum, if it can be produced sufficiently cheaply. In hospital practice, or where the expense is an object, the tenax might be used for immediate contact with the wound, while a mass of the cheaper picked oakum might be placed outside this. The ordinary hand-picked oakum may be readily procured at a cheap rate at most gaols and workhouses.

I have found so much advantage to my patients and convenience to myself from the use of this dressing that I have felt constrained to write these few remarks, to induce others to participate in the advantages which are equally important to surgeon and patient.

Birmingham, Jan. 1871.

THE "Athenæum" states that Mr. Darwin has presented to Cambridge University the remainder of the collections in invertebrate zoology made by him during the cruise of the *Beagle*.

A CASE WHERE AN ARTIFICIAL PLATE WITH FALSE TEETH WAS SWALLOWED AND REMOVED.

BY JOHN MATTHEWS, M.D.

As a contribution to the list of "foreign bodies removed from the œsophagus," the details of the following case may prove of interest.

On the night of Sunday, March 26th last, I was called up at 1.30 A.M. to see Mrs. G. J——. The messenger only waited to say that she was choking, and ran off. On arriving at the house, I was informed that the family had been aroused by the screams of the sufferer, who was liable to frequent epileptic fits. On reaching the bedside, she was found clutching at her throat, labouring for breath, and partially unconscious, having evidently just had a severe attack. She could not swallow, nor speak much above a whisper. It was then observed that a plate holding six artificial teeth, known to be in her mouth when she went to rest, had disappeared. As it could not be found anywhere, the inference naturally arose that she had swallowed it during her fit; but of this we were uncertain, since she very often misplaced or hid articles of dress, ornaments, &c., during the half-consciousness succeeding her attacks.

I immediately introduced a finger as far as possible down the throat, but could feel nothing, although it reached below the glottis. The patient was so much distressed by this, that I only repeated it once with a finger of the other hand; but to no purpose, nor could any prominence be felt externally. In the absence, therefore, of absolute proof that she had swallowed the teeth, I thought it might be an aggravated case of hysteria or epileptic spasm of the pharynx; and, having prescribed accordingly, left her for a few hours, enjoining a more careful search for the missing teeth. On visiting her at 10 A.M. on Monday, I found matters in *statu quo*. She had not been able to swallow either food or medicine; but the dyspnœa was not so severe. I then explored with both fingers; but to no purpose, and left, expecting that if the plate were there it would slowly find its way into the stomach. At 2 P.M. no alteration; teeth not found. I then proposed a consultation with Mr. Holmes Coote; and he accordingly saw her at 6.30 P.M. He also was in considerable doubt as to whether the teeth were there or not, since he could not feel them either by the finger or a pair of long forceps which he brought with him. I may add that our efforts were seriously impeded by the strenuous resistance of the sufferer, especially with Mr. Coote; and she finally declared that she would not suffer him to touch her any more, otherwise I have no doubt that he would have relieved her. We then left, having directed a dose of castor oil to be given in the morning.

On Tuesday morning I visited her. The castor oil ordered could not be taken, and she was still in so much distress that, after a gentle remonstrance, she promised to be more submissive to further exploration. This I attempted still with the finger, feeling sure that the obstruction was within its reach, if her description of her suffering were accurate as to place. On this occasion the left finger went further than before, reaching about an inch below the glottis (I had previously used the right finger without success); and I then had the satisfaction of feeling with my nail the edge of the plate. The patient was gasping for breath during this proceeding; I therefore removed my finger, and after a brief interval reintroduced it, sliding down at the same time, close to it, a pair of polypus forceps, by which I was able to grasp the thin edge of the plate, which was lying with its long axis transversely, its hollow closely applied to the back of the trachea, the teeth downwards. Finding it immovable except by much force, and unwilling to risk laceration of the œsophagus, after another brief interval I once more inserted the left finger and forceps, grasped the plate, and then slid the forceps to its other end, so as to tilt it by the aid of the finger, when it was at once easily extracted. All the symptoms were of course immediately relieved. There was very little, in fact scarcely any, bleeding; and in two days the patient was as well as usual.

The accompanying woodcut is from a photograph of the plate, of the exact size. The view shown is of the part towards the patient's back, the thin edge being uppermost.

I have been asked why, when I could not *at once* feel the plate with the finger, I did not explore with a bougie or a probang. My reply is—1st, that I never use an instrument when there is the least chance of a finger being successful; 2nd, that I had reason, as I have before said, to think that it would prove to be within reach when the sufferer was quieter; 3rd, that I always found the glottis so open that I should very likely have pushed such an instrument into it; and, lastly, because I did not like to run the risk of pushing the plate down into the stomach. I cannot help thinking this likely to be a very dangerous event (or proceeding), not only from the probability of laceration of the œsophagus by the angles and edges of so large a foreign body, but still more from the chance of its producing a fatal intestinal obstruction, not to speak of the very great anxiety of mind inflicted on all concerned until it shall have passed, if it eventually do.

I think we may learn from this case not to give up an apparently hopeless effort too hastily, and that epileptics should not wear artificial teeth when going to sleep or at night, or indeed at any other time, unless properly secured from displacement.

Mylne-street, Myddelton-square, E.C., May, 1871.

ON THE

RECENT OUTBREAK OF RELAPSING FEVER AT LEEDS.*

BY M. K. ROBINSON, M.D. &c.,
MEDICAL OFFICER OF HEALTH FOR THE BOROUGH.

RELAPSING FEVER was not recognised in Leeds before March 31st, 1870, when a case of fever (occurring in a family of six persons, who lived in Spear's-yard, Kirkgate) was, on removal to the House of Recovery, entered on the list as relapsing. The other five members of the family all suffered from fever, which was described as typhus. I was not able to ascertain any history of previous contact with infected persons. The father of the family was out of work previous to the time of illness, and both parents were said to be intemperate and dissipated characters. An offensive privy and an ashpit adjoin the house where the family were struck down with the fever.

Out of the 361 cases of relapsing fever which came under notice, it was ascertained that in 219 instances there had been previous communication with infected persons; and, as there is always great difficulty in tracing the cases, I have no doubt many contagious sources escaped detection, and that the spread of the epidemic was largely owing to its propagation by contagion.

Bearing in mind the view of Murchison and others concerning the origin of relapsing fever under circumstances of destitution, inquiries were made into the condition of every individual case which came under observation, and I found that in 261 instances privation existed, the indigence in many cases resulting, not from want of work (which would have brought them under the pauper class), but from the dissolute habits of themselves or their parents, Poor-law relief returns in such cases affording no guide. In 28 of the cases the drainage of the houses where they occurred was found defective, and in 26 other instances the ashpits and privies adjoin the houses. Three cases owed their origin to communication with convalescents returned from the Fever Hospital into previously non-infected houses in the town, and 15 were imported from other towns. Some were tramps ill on their arrival in Leeds. One woman returned home ill after visiting an infected house at Brighouse, the rest of the family suffering subsequently from the fever. Several came from Bradford, being ill when reaching Leeds. A bargeman came home ill from Hull. One young woman was taken ill on her way home from Goole, sleeping in a barn with a number of others on the night previous to her arrival in Leeds; and one man, after coming direct from the Fever Hospital at Liverpool, was seized with a relapse in Water-lane, Leeds.

Although, in the instance first alluded to, typhus was associated in the same family with relapsing fever, typhoid has been the prevailing fever during the recent epidemic of relapsing fever in Leeds. As soon as any cases were discovered early removal to the House of Recovery was practised, isolation as far as possible secured, and thorough purification of the houses and clothing, &c., carried out. The attention of the Sanitary Committee was directed to the existence of the epidemic, and, as in the history of outbreaks of relapsing fever indigence had been associated therewith, it was also suggested that the boards of guardians should instruct their relieving officers to seek out and afford relief to indigent persons.

The following tables show the mortality from relapsing fever, typhus, and enteric fever in the borough of Leeds during the five years 1866–70, and in the different months of 1870.

Deaths from Relapsing Fever and from Typhus in the Borough of Leeds during the five years 1866–70.

Year.	Relapsing fever.	Typhus.	Enteric fever.	Other forms of fever, and "fever" so stated simply.
1866	...	407	73	10
1867	...	221	31	3
1868	...	170	143	1
1869	1*	134	100	2
1870	13	131	182	19

* From an inquiry made at the time, I came to the conclusion that the cause of death recorded was erroneous. The patient was afflicted with phthisis.

Deaths from Relapsing Fever and from Typhus in the Borough of Leeds during the different months of 1870.

1870.	Relapsing fever.	Typhus.	Enteric fever.	Other forms of fever, and "fever" so stated simply.
January	...	6	11	2
February	...	7	7	...
March	...	4	9	3
April	...	9	6	2
May	...	11	4	2
June	...	13	3	1
July	1	16	18	3
August	3	15	14	2
September	6	16	32	2
October	3	25	37	1
November	...	4	31	1
December	...	5	10	...
Total	13	131	182	19

* Read before the Epidemiological Society, April 12th, 1871.

SANITARY LABORATORY IN DRESDEN.—During the present year a chemical laboratory has been established by Government, where all investigations respecting public health are to be conducted. Medico-legal matters will likewise be entrusted to Dr. Fleck, the director of the establishment, and private individuals may also apply to the institution with reference to sanitary questions.

ON SOME DISORDERS OF THE NERVOUS SYSTEM IN CHILDHOOD.

Being an abstract of the Lumleian Lectures for 1871, *delivered at the Royal College of Physicians.*

BY CHARLES WEST, M.D.,
PHYSICIAN TO THE HOSPITAL FOR SICK CHILDREN.

LECTURE I.

AFTER a short sketch of the founders of the lectures, Dr. West observed that the diseases of early life differ in many important respects from those of adults; they run a different course; symptoms have a different import; and the probabilities of death or recovery are determined by different considerations.

Diseases of the nervous system present in childhood peculiarities more remarkable than those of any other class. This is owing to the circumstance that the nervous system is more unformed; its functions more rudimentary; its condition one of chance and development, the like of which does not take place in organs of respiration and circulation, or even of digestion. Among adults a large class of ailments consist of simple pain, independent of local disease. In infancy and childhood, on the other hand, pain referred to any part signifies, almost without exception, that disease of some sort is going on there or near at hand. Even in later childhood, the rarity of real neuralgia is extreme. In two classes of cases this caution is important—first, in pains referred to the head, and, secondly, in pain referred to the leg. The former nearly always indicate organic disease, especially tumour of brain and tubercular hydrocephalus; the latter usually is due to hip-joint disease. Pain dependent on cerebral disease is rarely limited to one part of the head, in neuralgia it is commonly localised. One form of neuralgia is not very uncommon in childhood, that known in later life as "sick headache," but Dr. West has never met with it in children who had not gone into the schoolroom, and often found it to be distinctly due to too continuous mental application.

Disorder of motor power is frequent in childhood, though pain is rare. Derangements of digestion, too long fastings, a too full meal, the irritation of teeth, the outbreak of an eruptive fever, all may give rise to convulsive movements or a fit of convulsions. The first convulsions in childhood are generally due to eccentric causes, or to some primary disease of brain; but, in the latter case, are nearly always preceded by other symptoms (though it may be that these are obscure), and are accompanied by other grave evidences of nervous disease, especially by local weakness, inequality of pupils, &c. Convulsive movements in early life are often partial, but such attacks have always a great tendency to become general. In infancy and early childhood the convulsions are commonly violent, attended with unconsciousness, and death not unfrequently takes place in the paroxysm. They have a great tendency to recur without obvious exciting cause, and then receive the name of epilepsy. In proportion to the frequency of the fits, the mental development is retarded. The same class of causes which produce epilepsy in the child tend, later on, to cause chorea, a disease which may, however, occur at any age. Dr. West has seen one case at eight months of age. Whatever may have been their original cause, all convulsions show a great tendency to recur. Out of forty-two epileptic children, not including epileptic idiots, twenty-three had suffered from fits in infancy. Hereditary predisposition was observed in only seven out of the forty-two, and in three only of the twenty-three. Hereditary tendency to epilepsy probably comes into play later in life than the age of childhood, just as the hereditary tendency to hysteria manifests itself with the evolution of the sexual system, and, still later, that to insanity under the pressure of life's cares. Those cases of fits in childhood are more likely to result in permanent epilepsy, in which no exciting cause is discoverable, and in which the causes have acted on the emotions and higher intellectual powers. Frequent attacks of *le petit mal* are of grave augury, and are very likely to be overlooked in the child. Fits are sometimes accompanied by moral perversion, a condition which is often associated with mental dulness, but in the child shows itself first, and is the more easily recognised, while in later life the reverse is the case. In the treatment of convulsions of childhood, intestinal derangements must be carefully set right. Worms, Dr. West thinks, are a less frequent cause than they are assumed to be by the public, lay and medical. All the alleged specific remedies for epilepsy have, in Dr. West's hands, failed more or less completely. The only one exerting any influence is the bromide of potass, which in a few cases has given remarkable results; but in the majority of instances, the improvement, often manifested at first, is not maintained; the agent loses its effect altogether, or has to be augmented until doses are reached which cause so much depression that the remedy has to be discontinued. Lastly, moral treatment may do a good deal towards curing epilepsy. To this Dr. West ascribes the cessation of fits so often witnessed during a sojourn in a hospital.

A DESCRIPTION OF A

NEW KIND OF SCISSORS FOR REMOVING SUTURES.

BY THOMAS SMITH,
ASSISTANT-SURGEON TO ST. BARTHOLOMEW'S HOSPITAL, AND SURGEON TO THE CHILDREN'S HOSPITAL.

THE scissors, of which a woodcut is appended, were made for me by Messrs. Ferguson, for removing tumours from the palate. They are constructed so as to catch, divide, and hold a suture by one and the same movement. At the extremity of one blade is a fine hook, wherewith to catch the

loop of the suture; and there are flat surfaces on each blade, behind the cutting edge, to hold it fast when divided. Being both scissors and forceps in one, there is no need of an assistant in withdrawing sutures from the palate, as the tongue can be held down with the forefinger of the left hand while the scissors are used.

In employing these scissors care must be taken to divide the suture on one side of the knot, and to turn the cutting edges of the blades away from it, otherwise the knot will be drawn into, and not out of, the suture holes.

The scissors can be conveniently used for removing the wires after the operation for the cure of vesico-vaginal fistula.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

THE following operations were performed at this hospital on Saturday, the 6th inst., by Sir Wm. Fergusson:—

Operation for Hare-lip.—This was performed by paring the edges of the gap, sparingly above and freely at the lip, by a stroke of the knife on either side. The edges of the wound having been transfixed by two pins, and secured with a silk suture applied in a figure of 8, the lip was painted with collodion.

Sir Wm. Fergusson expressed his surprise that the old legend, that operations for hare-lip should not be performed until after the completion of the first dentition, should still

retain so firm a hold on many minds, in spite of the overwhelming testimony, afforded by modern surgery, of the advantages of operating between the third and sixth weeks of life.

Question of a Stone in the Ear.—A child was placed upon the table who had been brought up from the country in order that a stone might be extracted from one of his ears. On introducing a probe, Sir Wm. Fergusson found that it came against a hard substance, which he inclined to think was not a stone, but the bone adjoining the membrana tympani, denuded of periosteum. He therefore had an interview with the child's father, who assured him that a stone had, beyond question, been deliberately introduced into the child's ear, and added that he himself had seen the stone in the ear. Sir William, therefore, returned into the theatre; but, after again making careful use of the probe, decided to leave the ear alone. He said that the bone about the membrana tympani, which was exceedingly hard, had not unfrequently been mistaken for a stone which persevering attempts were made to extract. A case similar to this one had come before him some time previously, and put him very much on his mettle; but he had decided not to interfere, and he was glad to know that the patient had done well. With regard to the case before him, he was of opinion that if the object on which the probe impinged were a stone, it would yield a clearer "click," and, when manipulated, would undergo some movement, however slight. The examination he had made left him satisfied that there was no stone in the ear, and he would rather that the patient should incur any risk that non-interference might be supposed to involve than that he should undergo, at his hands, the danger of an attempted extraction.

Operation for Epithelioma of the Eyelid.—The patient, a middle-aged man, had an epithelial growth on the surface of the left eyelid. Sir W. Fergusson decided to remove the eyelid only, and not to interfere with the globe, though he thought it would be justifiable to remove that also, lest it should become the seat of returning disease. He then raised from the temple a flap of about the size of a half-penny piece, and, twisting it on its base, brought it to rest on the eye, and stitched its upper margin to the upper part of the orbital circumference, and to its lower surface a portion of the palpebral mucous membrane which had been preserved.

Sir W. Fergusson also operated on a cleft palate, and removed a large sebaceous cyst from the loin of another patient.

Mr. Henry Smith re-resected an elbow on which he had performed a partially successful operation some six weeks previously; he found it necessary to remove some portions of dead bone from the extremities of all the three bones which take part in the joint.

LONDON HOSPITAL.

CASES UNDER THE CARE OF DR. RAMSKILL.

FOR the notes of the following cases we are indebted to Mr. Stephen Mackenzie, the house-physician.

Impaction of a Fish-bone in the Œsophagus; ulceration into the aorta; hæmorrhage; death.—Edward O—— was admitted in a drowsy condition. His face was much blanched; the trunk and extremities were cold. The temperature in the axilla was 98°; the pulse at the wrist scarcely perceptible. He had not the strength or energy to answer many questions, but when asked whether he was in pain he replied in the negative.

From the friends who accompanied the patient Mr. A. Moore, the assistant medical officer, gathered that ten days previously a fish-bone had lodged in his throat. He at once went to the hospital, but, it was said, returned without having had it removed. On reaching home he took to his bed and complained of great pain in the chest; he soon afterwards felt sick and began to retch, without, however, actually vomiting. The day before admission, feeling somewhat better, he sat up for a couple of hours, but on returning to bed felt much worse and complained of great pain across the region of the stomach. He passed a very restless night, and in the morning, whilst coughing, vomited a quantity of dark-coloured "congealed blood"—as much as three quarts, the friends asserted; since then he had not vomited.

At about half-past eight in the evening of the day of admission the patient began to cough, and forthwith a great quantity of blood, of a bright-red colour according to the nurse's account, together with a large black clot, rushed from his mouth. Immediately afterwards he sank back and died.

At the post-mortem examination Dr. Sutton found the body well nourished, but very pale. In the œsophagus, at about the level of the fourth dorsal vertebra, were two perforating ulcers of conical shape, being about as large as a sixpenny piece in the mucous surface, and very much smaller where they passed through the outer coat. They presented no marked induration, and around them the mucous membrane had a healthy appearance. They were symmetrical, on the same level, and separated by healthy tissue. The ulcer on the right side had extended through the coats of the œsophagus, and excited thickening around the vena azygos. The tissues around the vein at that part were pulpy, much discoloured, of a dirty-red colour, looking as if blood had been extravasated into them. The vein was plugged, and the outer part of the clot decolorised. The ulcer on the left side had made its way through the coats of the œsophagus into the aorta, into which vessel there was a small opening about large enough to admit a surgical probe. The stomach contained a quantity of coagulated blood, the left ventricle of the heart was moderately contracted; the other viscera were healthy. The ulcers in the œsophagus were evidently the result of an acute process, for there was no evidence of old induration. Their arrangement, and their correspondence in shape and course, supported the view that they had been produced by a fish-bone which had become lodged across the œsophagus.

Simple Ulcer of Stomach; perforation; localised peritonitis; recovery.—Harriet P——, aged twenty-two, a domestic servant, stated on admission that for above two months she had been suffering with a sharp pain in the back, which darted from the pit of the stomach through to the back, between the shoulders. The pain came on immediately after taking food, whether liquid or solid, and was accompanied by vomiting. She had vomited blood after eating on about six occasions, of which the last was about a fortnight before admission; the blood was of a dark colour, and generally about two or three tablespoonfuls in quantity, but, once, she brought up as much as a teacupful. About six weeks before, while in the street, she suddenly felt faint; she shivered, and her teeth chattered. Though she felt no pain, she fell down. She was taken home by a policeman, but did not remember anything till about four hours later, when she came to herself again. She had a severe headache, and great pain in the epigastrium, which prevented her from sleeping, but she did not vomit. On the following day she was very "trembly," and vomited some blood. She kept her bed for three days, and then returned to her employment, but "had not been able to do her work with pleasure since." Since the attack just described she had suffered great pain at the pit of the stomach and in the back, which was brought on equally by liquid and by solid food, and was relieved by the recumbent posture and by vomiting. The pain was so severe that she often had to sit down when going upstairs. For the last week she had vomited after everything she had taken; the pain had become worse, and she had had diarrhœa. She said that she had been losing flesh slightly ever since the commencement of her illness. Menstruation occurred regularly.

On admission it was noted that her face was flushed; she had an anxious expression, and complained of headache and pain in the back, shoulder, and epigastrium. The tongue was moist, and covered with a brown fur. The skin was hot; there were no spots anywhere; the hands were very tremulous. She flinched when any part of the abdomen, especially the neighbourhood of the stomach, was pressed upon. The pulse was 104, the respiration 32, temperature 103·6° F. The heart's first sound was very feeble at the apex, and inaudible at the base. The lungs were healthy. She was ordered saline mixture three times a day, and milk and beef-tea diet.

Second day.—Morning: Pulse 94, respiration 28, temperature 100·2° F. Evening: Pulse 100, respiration 27, temperature 100·6° F. She is in less pain, but still has some in the back. Is very thirsty. Tongue less furred. Has not

vomited since admission. Has passed a perfectly liquid fæcal motion. Ordered to suck ice, and to take a grain of opium thrice daily.

Fourth day.—Pulse 98, respiration 22, temperature 100·8° F. She feels very much better this morning. Her cheeks are flushed, the tongue is cleaner, and the lips are dry. Slept fairly well last night. Bowels open; evacuations natural. Is quite free from pain, and takes cold liquid food.

Seventh day.—Morning: Pulse 73, respiration 24, temperature 100·2° F. Evening: Pulse 99, respiration 18, temperature 100·8° F. Complains that she did not pass so good a night as usual, on account of the pain in the old place, the back. Has not vomited. Bowels open.

Ninth day.—Pulse 96, respiration 20, temperature 101·6°F. Evening: Pulse 93, respiration 18, temperature 100·4 F. Says she does not sleep well at night; feels languid, and speaks in a low voice. Bowels loose; evacuations of the colour and consistence of "Thames mud." Takes what food she is allowed, and has no pain after it.

Eleventh day.—Pulse 124, respiration 24, temperature 99·6° F. Evening: Pulse 98, respiration 20, temperature 100·4° F. Is not so well this morning. Is sweating profusely, and feels very languid. Complains of pain at the pit of the stomach, which is aggravated by pressure. Tongue dry on dorsum, red at tip and edges. She vomited to-day after some beef-tea. Bowels open twice; evacuations loose and fæcal. Evening: The pain has been relieved by a poultice. There has been no more vomiting. Bowels not open since morning.

Twelfth day.—Morning: Pulse 94, respiration 18, temperature 101° F. Slept well, and is free from pain. Tongue furred. No vomiting. Bowels open several times during the night; the motions said to have been of a light-yellow colour. There is no pain in the right iliac region, nor is there tenderness on pressure.—Evening: Pulse 96, respiration 15, temperature 103° F. Face flushed, and tongue furred. No pain or tenderness on pressure over the ileum. Skin rather pungent; no spots.

Thirteenth day.—Morning: Pulse 96; respiration 21; temperature 102°.—Evening: Pulse 96; respiration 24; temperature 102°. Is quite free from pain; bowels not open to-day. She vomited after taking some beef-tea.

Fourteenth day.—Morning: Pulse 90; respiration 18; temperature 99·4°.—Evening: Pulse 104; respiration 22; temperature 102·2°. Vomited twice this morning: once a clear yellow fluid before taking food, the other time after taking some bread and milk. She is not, nor has she been, in pain.

Fifteenth day.—Morning: Pulse 90; respiration 18; temperature 99·8°.—Evening: Pulse 92; respiration 23; temperature 100·4°. Is free from pain; no nausea or vomiting; bowels open once, the evacuation loose and fæcal.

Seventeenth day.—Morning: Pulse 112; respiration 20; temperature 98·8°.—Evening: Pulse 90; respiration 24; temperature 98·8°. Sleeps well; is free from pain; no vomiting; feels hungry.

Eighteenth day.—Morning: Pulse 84; respiration 24; temperature 98·5°.—Evening: Pulse 86; respiration 30; temperature 99·3°. She is sweating freely; the pupils are widely dilated; the tongue is moist, but furred. Bowels open; the motions solid, but pale.

Twenty-first day.—Morning: Pulse 81; respiration 21; temperature 98°.—Evening: Pulse 75; respiration 21; temperature 98°. Is quite free from pain, and feels hungry. Allowed to sit up for an hour in the evening, and to have fish and pudding. The opium to be discontinued. Ordered to take an ounce of citrate of iron and ammonia thrice daily.

Twenty-second day.—Pulse 90; respiration 21; temperature 97·6°. Has been up again to-day; feels perfectly well; appetite good. Bowels open once; the evacuation healthy.

A few days later she took meat, without suffering any return of the pain; and shortly afterwards left the hospital, feeling quite well.

DREADNOUGHT SEAMEN'S HOSPITAL.

CASE OF PURPURIC FEVER.

(Under the care of Dr. STEPHEN WARD.)

THE following case (for the notes of which we are indebted to Dr. H. C. Martin, house-physician) possesses points of interest in connexion with variola, and also because it bears in a few of its features some resemblance to a case that occurred lately in the above hospital, the particulars of which were communicated by Dr. Campbell, house-surgeon, and may be found in THE LANCET of Feb. 25th. The essential points of difference are—the absence of intense pain in the back, and the presence of bloody stools. The colour of the patient increased very considerably the difficulties of diagnosis, but Dr. Ward preferred to class the case as one of purpuric fever, because purpura hæmorrhagica existed as the most prominent symptom. It is, however, to be considered whether it might not be classed as one of suppressed variola, having some symptoms analogous to those described by Dr. Duffin and others at the Clinical Society on the 24th of March.

George B——, aged twenty-four, a negro, was admitted into hospital on arrival from Antwerp. He had been ill five days with pain in the back, headache, vomiting, frothy sanguineous expectoration, loose bowels, and bloody stools. When admitted his tongue was white and furred; heart-sounds normal; rhonchus and sibilus audible over both lungs, anteriorly and posteriorly, and a dubious but rather plentiful eruption was observed on the face and shoulders. One of the ship's crew with whom he had sailed from Antwerp had been ill with small-pox. The day after admission the hæmorrhage from the gums, lungs, and bowels increased, the tongue was red and dry, and the eruption about the shoulders had increased and gave the idea of purpura. There were several solitary spots about the legs, large and elevated, but not varioloid in character. All these grave symptoms persisted; bullæ, containing thin, dark, fluid blood, appeared on the arms and legs, and the patient died five days after admission, and ten days after the commencement of the illness. Diffusible stimulants and steel were given, with milk food, eggs, ice, and brandy.

The post-mortem examination was made twenty-four hours after death. The body was well nourished; the upper lobes of both lungs were œdematous, and all other parts were intensely congested, with pigmental deposit throughout. The cavities of the heart contained dark fluid blood; the valves were stained, but healthy, and there were some patches of ecchymosis over the external surface of the right auricle. All the abdominal viscera were congested. The large intestine contained some dark fluid blood, and there were some slight ulcerations of the mucous membrane. The small intestine contained dark fluid fæces, but was not ulcerated. The liver was congested, the kidneys were healthy, the spleen soft and congested, with a thickened capsule.

PROVINCIAL HOSPITAL REPORTS.

QUEEN'S HOSPITAL, BIRMINGHAM.

A CASE OF ABDOMINAL INTUMESCENCE, WITH DISPLACEMENT OF THE HEART, FROM FÆCAL ACCUMULATION.

(Under the care of Dr. HESLOP.)

THE following case presents an exaggerated specimen of the evils arising from deficient action of the bowels. It is only exceptionally that the heart suffers such marked displacement as occurred in this instance.

A short time since a woman brought to the hospital her daughter, Annie P——, a pale and ill-developed girl of fourteen. She stated that when the child was only two years of age she observed in her some enlargement of the abdomen, which was always more marked on the right side. Her bowels had generally been confined, a week or more elapsing without a motion being passed. The evacuations had generally consisted of small portions of hardened fæces, but, from time to time, frequent and scanty liquid stools were passed. The quantity of urine appeared to have been normal; the appetite poor and capricious. The abdominal enlargement had gradually increased up to the time of the patient's admission; she had never menstruated.

On admission the patient complained of occasional griping pains in the belly. She had not had any vomiting. Her motions were small in quantity and watery. The tongue was clean. There was no pyrexia. The body was fairly nourished. The abdomen was generally enlarged, and the lower part of the thorax expanded. The superficial veins of the abdomen were slightly enlarged. A solid tumour could

be felt to occupy the whole of the right side of the abdomen; it had no distinct margin above, and reached laterally about two inches to the left of the middle line; below, the hand could be readily passed between the tumour and the pelvis. The tumour had a doughy consistence, and firm pressure produced a depression in it, which remained for some minutes. Percussion yielded a dull note over the right side of the abdomen and the right lumbar region upwards to the fourth rib; over the rest of the abdomen a resonant note was elicited as far upwards as the fifth rib on the left side. Under the left clavicle the pulmonary percussion-note was impaired; elsewhere it was good. The apex of the heart was found to strike the chest wall at a point one inch and a half above, and one inch to the inner side of, the left nipple. The cardiac sounds, normal in character, were best heard in the left infraclavicular region. The circumference of the abdomen at the umbilicus was thirty-one inches. The rectum was found to be filled with hardened fæces.

Dr. Heslop ordered a pill consisting of a grain and a half of Socotrine aloes, half a grain of extract of hyoscyamus, a third of a grain of nux vomica, and also a drachm of sulphate of magnesia in an ounce of infusion of rose-water, to be taken three times a day. An enema of cold water and common salt was directed to be given night and morning.

Before the administration of the injection the contents of the rectum were broken up, and a large quantity of hardened fæces (together with three plum-stones) was removed.

Feb. 24th. — Two chamber-potfuls of pultaceous fæces were passed. The abdomen is diminished in size.

25th. — Two chamber-potfuls of fæces followed the morning injection.

26th.—Three copious motions were passed.

27th.—Two motions. The abdomen is soft, and diminished in size. The cardiac impulse is on a level with the nipple.

March 2nd.—Injections discontinued. The abdomen is soft and flaccid. No tumour can be felt. The note is everywhere tympanitic. Faradisation to be gently applied to the abdomen daily.

After this time the patient passed one motion daily, and the heart's impulse was felt at the fifth rib.

On the 8th of March the patient was discharged quite well, with instructions to report herself from time to time as an out-patient. Steel and aloetic purgatives were prescribed for her on leaving. Dr. Heslop observes that it is well to recall that a fæcal accumulation, sufficient to displace the heart into the infraclavicular region, to distend the superficial veins, and to form a very large tumour obvious to the most careless observation, may be unattended by vomiting, scanty urine, abdominal tenderness, or other local disturbance than "occasional griping pains in the belly."

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 9TH, 1871.

MR. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

THE discussion on Mr. Jonathan Hutchinson's communication on Cases of Chancre following Vaccination was resumed.

The PRESIDENT stated that the Council of the Society had decided to appoint a committee to investigate the cases brought forward at the last meeting, to which Mr. Hutchinson had readily assented.

A supplementary communication from Mr. Hutchinson was then read, giving the particulars of some additional cases, and bringing the report of the others down to a recent date.

Mr. HENRY LEE called the attention of the Society to a case he had seen that day for the first time. The child (who was in the ante-room for inspection), he said, was vaccinated some weeks ago. The vaccination was followed by ulcers in the arm, which continued open several weeks. The father and mother, and the child itself, were previously, as far as could be ascertained, perfectly free from any specific disease. The father, however, had died of consumption within a few months, and he had gonorrhœa, but no syphilis. The child was now emaciated; it had a copper-coloured eruption upon the nates, sores upon the angle of the mouth, and a scaly eruption upon the hand; the glands in the axilla, on the side on which vaccination occurred, were enlarged and indurated; on the opposite side there was no enlargement of the axillary glands. He was not prepared to give a decided opinion upon the case, but so far as he could judge the evidence in favour of vaccinal syphilis was complete. The case would be in St. George's Hospital, and could be there examined. He had seen three other cases in which it appeared to him that chancre had been communicated by vaccination. The first occurred in 1863. The appearances presented nine weeks after vaccination bore some resemblance to one of the cases mentioned by Mr. Hutchinson; the ulcerations were indurated, the induration was accurately circumscribed, and the margin was puckered. It was not followed by secondary symptoms, as far as could be ascertained; therefore he did not regard the case as of syphilitic origin. In another case a triangular sore was left three weeks after vaccination, surrounded by a well-defined circumscribed induration; there was very little secretion from its surface; it presented the appearance of a real indurated chancre. He had no drawing of the case, but he had the drawing of another which was exactly like it. It was a case of real syphilis, and was followed by secondary symptoms; if he had had the cases presented together he could not have said which would have been followed by secondary symptoms and which not. In this case the ulcer healed, and the induration disappeared without any specific treatment; and he regarded that also as a case of a non-specific character. The third case was presented to another Society by Mr. Thomas Smith. In that case the history was complete; there were circular sores surrounded by some induration, enlarged glands under the clavicle, sore-throat, and eruption on the skin. The ulcer was more raised in the centre than at the circumference. He did not consider this as militating against the syphilitic nature of the case. In Mr. Hutchinson's series of cases the axillary glands were all enlarged; in Mr. Smith's case they were not. In one series of cases to which reference had been made the axillary glands were enlarged in 14 cases only out of 42, exactly one-third. In many of these cases the children were very much out of health, and in some the glands in the axilla might be enlarged from other causes than specific disease. At the last meeting of the Society a sentiment of commiseration was expressed in reference to the gentleman in whose practice the cases related had occurred. With that sentiment he had no sympathy whatever. It would probably be admitted hereafter that there was none in England who had contributed so much to render vaccination safe both to the patient and to the reputation of the medical man as the gentleman who had had the moral courage and honesty to allow the cases to be published. He hoped some day to have the pleasure of knowing his name. From the present time forward no medical man could have the suspicion attaching to him of having communicated syphilis by vaccination unless a chancre was produced at the point where vaccination was performed. Such an accusation was very seldom openly made, but it was often said by parents and friends that their children had never been healthy since they were vaccinated, and it might be taken for granted that they recollected perfectly well who performed the operation, and often remembered it to his prejudice. The circumstances under which vaccination was safe must now be considered, and he hoped that some rules would be laid down to guide the profession at large. Until this was done, and until it was fairly and fully acknowledged what accidents might take place, no one could be accused of mal-practice in not avoiding these accidents. To do so would be as if the Government held the captain of a vessel responsible for striking upon a hidden rock which they refused to recognise in their charts. The danger should be allowed for, and openly and honestly stated, and this would probably be all that was requisite in order that the danger might be avoided. There were a number of inconveniences connected with vaccination other than the conveyance of syphilitic animal poison.

Several members here interposed, and suggested that Mr. Lee, who had been reading his observations, was guilty of an innovation upon the established practice of the Society.

Mr. LEE said that he had committed his observations to writing in order to save time. He then proceeded to say that from what had transpired, two great rules might be deduced. The first was that the lymph only should be taken, and that the base of the vesicle should not be probed. The lymph only was the property of the medical man; the vesicle belonged to the child, and if it was interfered with, exudation-corpuscles might be communicated, and with these the disease of the person who generated them. The second point was, that the lymph should be taken from a healthy child. He had recently received a letter detailing the particulars of a case in which lymph, and lymph only, was taken from a person who had the small-pox, and cow-pox alone was communicated.

Mr. HULKE, referring to a statement made by Dr. Drysdale at the last meeting, that a syphilitic child had been vaccinated from, at a hospital, contrary to his instruction, said he thought the Society ought to know the particular hospital at which the occurrence took place in order that further information might be obtained respecting the subsequent history of the patients vaccinated.

Dr. DRYSDALE said that the mother and father were both deaf and dumb, and he wrote upon a piece of paper instructions to the effect that the child should not be vaccinated from. A short time afterwards the mother informed him that his instructions had been disregarded. He had stated on the paper that the child was syphilitic, and he was informed by the friends that the paper had been duly delivered. The hospital was St. Bartholomew's.

Mr. THOMAS SMITH.—No vaccination is carried on in St. Bartholomew's. (Laughter.) This is a case of a deaf and dumb man—an infant not arrived at the years of discretion—and a hospital were they do not vaccinate!

Dr. O'CONNOR asked Mr. Lee how long the gonorrhœa of the father in the case he had mentioned had existed, and whether there might not have been a concealed chancre.

Mr. HENRY LEE said that there were no secondary symptoms in the child. He did not know how long the gonorrhœa had existed.

Mr. COOPER FORSTER said he thought that every surgeon would be justified in saying that a patient with secondary symptoms had syphilis. The existence of sores or enlarged glands was not enough. He had seen the sores on the arm in the cases referred to, and they were as unmistakable as any that he had ever seen on any part of the penis. The glands were enlarged in the axilla, and there was that peculiar hardness so often seen in the inguinal region when the sores were upon the penis. In none of the cases had sufficient time elapsed for the appearance of more marked secondary symptoms. In such cases, probably, the secondary symptoms were to a certain extent masked. No one would expect a full crop of secondary eruptions all over the back, shoulders, or arms. He had known one of the patients from his childhood, and his remark was, "Having led an exemplary life in my younger days, it is very hard lines to be attacked with this disease now." Until the secondary symptoms made their appearance the surgeon ought not unhesitatingly to say that the patient was suffering from syphilis.

Dr. ANSTIE said there was one objection to a certain portion of the evidence, which any one was competent to make who, like himself, had seen a very large amount of out-patient practice, and had had the opportunity of observing a vast number of sores formed under suspicious and non-suspicious circumstances. He had long since arrived at the conclusion that there was no sore whatever, indurated or not, with any sort of margin, from the appearance of which any one would be justified in saying that it was syphilitic. By all means let the cases in question be proved syphilitic if they really were so, but in the present state of the matter, so far as regarded the appearance of the sores themselves, he maintained that there was no justification for saying that they were syphilitic. Such sores might have nothing to do with syphilis, and might only be the result of unusual irritation. Again, there was no kind of gland-hardening in the neighbourhood of a sore that might not be equally produced by a non-specific or a specific sore. Unless this was admitted a new maxim would have to be introduced into pathology, and all his experience of sores in the children of the poor would go for nothing. Of course it was another matter if there were secondary syphilitic symptoms. As Mr. Cooper Forster had stated, the eruption ought not to be expected to be so copious as in ordinary cases of syphilis, and probably the production of secondary symptoms would be sometimes delayed. It was most satisfactory to know that a committee of investigation had been appointed, and he hoped that the committee would take into consideration the new cases mentioned by Mr. Tay. The committee should be instructed to watch the cases for a considerable time, and then to report upon them. It appeared to him that in one case only, or certainly not more than two, was there anything like a clear indication of secondary symptoms following a sore produced in that way, and when one remembered the infinite possibilities of deception, it was going very far to say, as Mr. Forster had done, that the sores were unmistakably syphilitic.

Dr. ALTHAUS said he was surprised at the statement that had been made that a large crop of secondary syphilitic symptoms was not to be expected in such cases. He did not see why there might not be as large a crop of such symptoms in the cases in question as in cases of ordinary infection. He might be permitted to remind the Society of the experiments made twenty years ago by Professor Waller, of Prague, who was the first person to prove that secondary syphilis might be inoculated by the blood of one syphilitic patient being transferred into the system of another. The experiments were conducted with the utmost care on a number of idiots. The secondary symptoms appeared in exactly the same succession and in the same proportion as had been observed after ordinary infection. He looked upon the present cases with great doubt, and until he had seen something more decided he should continue to doubt the occurrence of vaccinal syphilis in the number of cases that had been detailed.

Mr. HILL said he was glad that the subject had been referred to a committee, by whom he had no doubt it would be thoroughly investigated. For himself, he had never seen any great difficulty in the conveyance of syphilis in the manner suggested, but he agreed with Dr. Anstie that there was no kind of sore which could be said to be distinctly syphilitic. As a matter of everyday practice, certain sores were seen, and the patient was told by his medical man that he would have syphilis; but in such cases as those narrated it was necessary to wait until the general disease was manifested. No doubt the symptoms of the general disease had been delayed by mercurial treatment, wisely adopted for the benefit of the patients. But could it be supposed that in eleven cases, and three others that had since been added, mercury would prevent the appearance of constitutional syphilis? He did not agree with Mr. Cooper Forster that these unfortunate persons would be likely to have a light course of syphilis. Medical men who were inoculated did not suffer lightly, but as severely as those who contracted the disease on the genital organs and in the ordinary way. He should like to know (a point not touched upon by the narrator of the cases) what was the condition of the instrument used in the vaccination of the eleven patients. Was it possible that one of the adults was syphilitic before the application of the vaccine lymph, and did he act as a source of the syphilis? He did not think much of the suggestion, but threw it out for the consideration of the committee.

Mr. MAUNDER said that, where a sore had not been tampered with, many surgeons would have no hesitation in pronouncing at once whether the patient would have secondary symptoms or not. He should have been glad to know the nature of the induration which was found associated with the sores; because many persons recognised two varieties of the Hunterian chancre. There was the true cup-shaped chancre resembling a split pea, and sometimes the size of a nut; and there was the other variety, first pointed out by Ricord, a thin layer of induration immediately underlying the base of the sore, and not easily recognised by the sense of touch. Where there was that condition of the glands associated with an indurated chancre, he had no hesitation in expressing a positive opinion that the patient would be the subject of secondary symptoms. He should also be glad to know whether the glands had been painless, and whether there was evidence of inflammatory action round about them. Unless there was evidence of some accidental irritation from inflammation within or round about the glands, gluing them to the subjacent tissue, these glands were most invaluable as a means of diagnosis.

Mr. BARWELL said he thought that the discussion was a

little wandering from the point at issue, which was whether syphilis was liable to be communicated by vaccination. In order to discuss the matter fully, they should consider it, not as medical men, but from the point of view from which the public regarded it, and the public did not care to consider the question whether an induration was thick or thin, or whether an eruption was slight or extensive; they considered any eruption under such circumstances to be a grave misfortune. Lymph taken from a patient was, when pure, probably innocuous, even if the patient were syphilitic. But who was to be sure that the lymph was pure? From turbid lymph and blood many diseases might be introduced. He had had many opportunities of seeing tubes in which the lymph was perfectly milky. But supposing a tube of lymph to appear perfectly pure, could it be ascertained that it contained no exudation-corpuscle? And if ten persons were vaccinated from it, would not one of them receive it? The point about which they ought to be perfectly certain was the distinct recognition of the syphilitic vaccinifer as distinguished from the clean vaccinifer. Mr. Lee spoke of children who presented no appearance of syphilis. This had happened in his own practice, especially where the children were at the breast, and received through lacteal secretion of the mother iodide of potass, which would often get rid of all syphilitic appearance, external and internal, in a few weeks. He did not know whether such a child would, if used as a vaccinifer, communicate syphilis; but he thought that some mechanical means might be employed to prevent the introduction into the tube of any material even as large as a white blood-corpuscle. If this were not done, the public would feel that they were like a crowd of persons to get in through a door which a man was guarding with a loaded pistol, so that one amongst them was sure to be killed or wounded. The public required an absolute assurance not that only one person in ten thousand, or a hundred thousand, would be syphilitic, but that no case would be so affected.

Mr. SIMON said it would be well for the committee appointed to act in relation to Mr. Hutchinson's group of cases to consider the additional ones brought before the Society. But the subject clearly should be dealt with on a large scale, and it could not be dealt with more advantageously than by that Society, which embraced all branches of the profession. He begged, therefore, to move, "That it be referred to a committee to be appointed by the Council to report what are the best precautions which a vaccinator can take against the possibility of communicating syphilis, and whether those precautions are such as to give full security to the public against any danger of such infection."

Dr. BALLARD seconded the motion.

The PRESIDENT said he would undertake that the matter should be brought before the Council, with whom the appointment of committees rested.

Mr. WEEDEN COOKE suggested whether there was not something in the child itself which sometimes produced the disease, rather than the matter which was put into it. Children were vaccinated at a very early age, a month or six weeks, and the hereditary syphilis might not be developed for two or three months. It was said abroad that syphilis, like vaccinia, when once introduced into the system, rendered the person safe for ever; so that the two diseases might go on at the same time, and if the poor child grew up to manhood or womanhood it would get rid of all these terrible nuisances. (A laugh.) He merely put that forward as a foreign idea.

Dr. BALLARD said that Mr. Hutchinson's paper might be viewed in a scientific and in a practical aspect. With regard to the scientific aspect, it confirmed in a remarkable manner the observations, with which they were all familiar, that had been made in recent years on the continent, and gave to them a credibility which had been denied by many English physicians and surgeons. The catastrophes connected with vaccination in the Italian and French cases had been supposed to be explicable upon the ground of the carelessness with which the vaccine was taken, by the general dirtiness of the people, the slovenly way in which the operation was performed, and the delays which took place in vaccination, the patients not being vaccinated from the infant, but from tubes kept for the purpose—vaccinated in batches, and at prolonged periods. He thought, however, that the insularity of John Bull would be tolerably satisfied by the occurrence of the cases which had come almost heaped together. No one could now refuse to admit that there was really something in the view that syphilis might be communicated with vaccinia, and both out of the same pock. Mr. Hutchinson had suggested the probability that the syphilitic virus was communicated through the blood accidentally mixed with the lymph. This was the doctrine of the Lyons school. The difficulty in the case arose from the fact of its not having been clearly stated at what period in the vaccination of the thirteen persons the blood began to ooze. [Mr. Hutchinson stated it was not known.] It appeared that the first two cases were not syphilised, but that the others were. It was not known whether the first two cases were not also vaccinated with bloody lymph, nor did the paper state the condition of the vaccine vesicle at the time the lymph was taken. It was stated that the lymph was taken at the usual period, the eighth day; but the vaccine vesicle at that period did not always present precisely the same characteristics. Sometimes it was free altogether from areola, and in other cases it had a broad areola—a point, to his mind, of considerable difference. In the one case the lymph taken would certainly be clear, and in the other it would almost as certainly contain inflammatory products and be opaque. Recently a surgeon called upon him bringing a tube of lymph, and asking to be vaccinated with it. The tube was perfectly clear, but on blowing the lymph out on a piece of glass he (Dr. Ballard) declined to use it, for it was quite opaque. In looking over the history of cases of syphilis communicated by vaccination, one could not help remarking the capriciousness with which syphilis followed vaccination from a syphilitic child, even where blood was mixed with the lymph. In this country, where millions of persons had been vaccinated, it could scarcely be imagined that bloody lymph had not been used in a great number of cases, and amongst those cases it could scarcely be conceivable that there were not a fair number of syphilitic children, notwithstanding that Mr. Smith's was, he believed, the first case recorded in this country in which unmistakable syphilis followed the vaccine operation. The curious thing was that Mr. Hutchinson's cases should immediately follow. This, however, was what constantly happened with other diseases; a particular kind of aneurism, that had not perhaps been seen for years, would come into a hospital, and others of the same kind follow immediately after. Reference had been made to the inoculation of syphilis by means of syphilitic blood. In those cases the blood was taken from an adult. Three operations were performed, two of which failed, and only one, that upon Dr. Bargioni succeeded. The probable cause of the failures was that the syphilitic virus in the blood was dead and effete. In the one case the blood was coagulated before it was used, in the other it had been allowed to become cold; in Dr. Bargioni's case it was warm. There was a case, not referred to by Mr. Hutchinson, detailed by M. Depaul in which a crucial experiment was performed. Two children were vaccinated from a syphilitic vaccinifer; the first had no syphilis at all; the second had syphilis, but the chancre followed only the vesicle on the spot last inoculated, and it appeared that in that case blood had been taken.

Dr. ANSTIE asked if secondary symptoms followed.

Dr. BALLARD said that they did. In Dr. Bargioni's case the inoculation was performed by the use of a large quantity of blood. It was found by former observers that there was a difficulty in inoculating syphilitic blood in small quantities, and therefore in this case a large quantity was employed; in Dr. Waller's cases also a large quantity of blood was used. It was a curious circumstance that there should be so much difficulty in inoculating syphilitic blood, and yet that the very minute quantity of blood which issued from a punctured vaccine vesicle should be capable of causing a chancre. Possibly the inflammatory irritative condition accompanying the vaccine vesicle might impart some unusual contagiosity to the virus issuing with the blood. Another reason might be found in the altered character imparted to the secretion of a chancre by irritating the chancre, by which means it became auto-inoculable. He would suggest whether the blood of a congenitally syphilitic child had not a more contagious power than the blood of a person secondarily affected from a primary chancre.

Mr. STARTIN said he believed that in thirty years he had

seen about thirty cases of syphilis communicated by vaccination. He had seen hundreds of cases of spurious vaccination, where contagious porrigo had been inoculated instead of the vaccine matter, and the effect of this porrigo had frequently been to produce an enlargement of the axillary glands, and also a pustular eruption in various parts of the body, which eruption had been contagious to other children by mere contact, or by accidental abrasions of the skin. He had also seen scabies vaccinated on more than one occasion. When Mr. Simon sent out his circular, he (Mr. Startin) collected several cases, giving the names and addresses of the patients, but no notice was taken of them. They were undoubtedly cases where the children had been perfectly healthy, as well as their parents and nurses.

Mr. HUTCHINSON said it would be a great satisfaction to him if the first series of cases proved to be not syphilitic; at the same time, he did not entertain a shadow of doubt upon the subject. Whilst agreeing to some extent with those who thought it difficult to appreciate the conditions of characteristic chancre, he could not go all the way with them. In the present case the evidence was cumulative. If he had seen only one sore on the arm of a patient, he might have entertained a suspicion only; but when he saw thirty places all exactly alike—all presenting characters equally suspicious, and any one of which he should have identified at once as being in all probability an indurated chancre; when he also found in nearly all the cases the characteristic glands in the axilla; when he found the disease yielding at once to mercurial treatment, he thought he was justified in arriving at the opinion he had expressed. Of course he would bring forward any evidence which the future might afford, and would present it with perfect candour. With regard to the committee, he would do everything to assist it, but it would be obvious that in such investigations there might be a little reticence, which he hoped would be attributed to its true cause. Two of his cases had undoubted syphilitic rash. It had been said that they had to be careful not to attribute to vaccination a syphilitic rash which might be due to a latent hereditary taint in the child. Of course that was a fallacy always to be guarded against; but here were two children, one four years of age, and the other one year, both therefore presumably past the period at which a latent taint of hereditary syphilis could produce a secondary rash, and, of course, past the date at which it could produce tertiary symptoms. A practical corroboration was found in the condition of the vaccinifer. He admitted that the facts were not very obvious, nor could it be anticipated that they should be. No person would ever dream of vaccinating from a withered, senile-looking child, covered with a characteristic rash. The child appeared to be well-grown, as was often the case with syphilitic children, who sometimes passed through their infancy with very slight symptoms, and grew up without having had anything which could be recognised as hereditary syphilis, but subsequently developed symptoms which were undoubtedly tertiary. In the vaccinifer there was nothing which the vaccinator could detect at the time. The child looked quite healthy. The surgeon had his choice of several children, and he took this as the most healthy of them all. At the same time, he (Mr. Hutchinson) believed that the child was now undoubtedly the subject of inherited syphilis. In the first series of cases, the vaccinifer was transferred from a public vaccinating station by a teacher in vaccination, and it was used the same day. The vesicles were in good condition, the lymph was clear, and no areola was observed. He did not know when the bleeding occurred, but the surgeon stated that the vesicles did bleed. He knew that he had to vaccinate a number of children, and he pricked them near the base—each vesicle only a single time. It had been suggested that the base of the vesicle in a syphilitic child might be a little vascular, and more liable to bleed than in another child—a point which he would leave to those accustomed to vaccination. In the second series of cases, he had not been able to decide whether blood was used or not.

Mr. SIMON said that in the case related by Mr. Hutchinson he believed that the vaccinator at the station had directed a case to be taken, but had not made himself responsible by examination.

Mr. HUTCHINSON said he understood that the vaccinator said to the surgeon, "There is a good case, you may take the lymph from that child's arm." And the surgeon said, "I would rather take the child." He quite understood that the gentleman who lent the child was responsible for the condition of the vesicles.

Mr. T. SMITH apologised to Dr. Drysdale for his remarks with reference to St. Bartholomew's Hospital, adding that he spoke in anger, and in the desire to vindicate his *alma mater*, which he thought had been impugned rather unjustly.

Dr. DRYSDALE expressed his regret for having caused any reflections upon the hospital.

Reviews and Notices of Books.

Lectures on Surgery. By JAMES SPENCE, F.R.S.E., Surgeon to the Queen in Scotland, Professor of Surgery in the University of Edinburgh, &c. Two Vols.; pp. 1436. Edinburgh: Adam and Charles Black. 1871.

WE have already noticed the first volume of this work, which appeared in two parts, in terms not very appreciative, and we are glad therefore to be able to express a higher opinion of the contents of the second volume. It was to be expected that the more practical subjects of the course would derive interest from Mr. Spence's long experience as a surgeon, and in this we have not been disappointed; for not only do the lectures themselves abound with hints which none but a practical surgeon of large experience could give, but there are also interspersed among the lectures reports of clinical cases of interest, illustrating the subjects of amputation, injuries of the head, tumours of the jaw and neck, hernia, and diseases of the urinary organs.

The earlier lectures in the second volume of Mr. Spence's work are devoted to the operations of tying arteries, excision, and amputations. Here the author is quite at home, and his directions even for tying the smaller arteries of the limbs are fuller and more to the point than are generally met with in surgical works, and would prove excellent reading for the student about to go through a course of operations on the dead body. We note, by the way, that Mr. Spence gives the preference to Mr. Guthrie's method of tying the posterior tibial through the centre of the calf, and has two cases on the living subject to support his views by. Mr. Spence is an upholder of all the larger excisions of joints, but regards the excision of the wrist and ankle as proceedings of doubtful utility, an opinion in which we quite agree with him. We note also that he is an unbeliever in the so-called subperiosteal resection, which has, we believe, disappointed those surgeons who have practised it.

In discussing the amputations, Mr. Spence contrasts very forcibly the advantages of the flap and circular methods, giving the palm decidedly to the former. This part of the subject is illustrated by some good coloured lithographs of dissected stumps, which may be advantageously studied by the young surgeon. Two amputations, claimed by Mr. Spence as original, are, we believe, excellent; the first is amputation at the shoulder-joint by the oval method, and the other amputation in the lower part of the thigh by long anterior and short posterior flaps. We notice that both in the letter-press and in the illustrations the operator is placed so as to hold the part to be removed with his left hand, and we know that this is the practice of many surgeons. We cannot, however, but regard the practice of those who stand so as to hold the flaps with the left hand, leaving the part to be removed to the assistant, as better for the operator, and certainly for the spectators in an operating theatre.

The injuries and diseases of the head are treated at length, and the illustrative cases to which we have already referred add much interest to the rules of practice laid down. So also the cases illustrating tumours of the neck

are well worthy of remark, particularly those of an enormous tumour of the neck removed successfully from a woman, and a smaller one from a lad.

The subject of hernia is discussed at length, and Mr. Spence supports the practice of opening the sac of a strangulated hernia where there is any doubt as to the state of the contents. In the treatment of gangrenous intestine, Mr. Spence advises against the practice usually inculcated —to cut it off at once,—and prefers to divide the constriction, and then wait till lymph is effused before removing the gangrenous part, so as to prevent fæcal matter passing into the cavity of the abdomen. The injuries and diseases of the urinary organs are fully described, and the author is a supporter of Holt's operation for stricture, though he still adopts in certain cases Syme's operation of external urethrotomy. In lithotomy Mr. Spence prefers the ordinary lateral operation, and in lithotrity gives the preference to Thompson's instrument and method of proceeding.

Letter, with Tables, &c., from Mr. Macnamara, Surgeon, Calcutta, to Mr. Simon, F.R.S., Medical Officer to the Privy Council. Pamphlet. Calcutta: Lewis. 1871.

Second Annual Report of the Sanitary Commissioner for the Central Provinces, 1869. Nagpur: Printed at the Chief Commissioner's Office Press. 1870.

A Note on the Diffusion of Cholera. By Assistant-Surgeon AMBROSE, 58th Regt. *Indian Medical Gazette,* April 1st, 1871.

WE have received a copy of a communication which Mr. Macnamara, surgeon to the Chandney and Ophthalmic Hospitals, Calcutta, has addressed to Mr. Simon, the Medical Officer to the Privy Council in this country. It appears that Mr. Macnamara made a proposal to the Government of India as far back as 1866, relative to the collection, arrangement, and analysis of returns bearing upon the prevalence of cholera in India; but the subject, having been referred to the Imperial Sanitary Commissioner, Major Malleson, was shelved. A prophet is not without honour save in his own country. Mr. Macnamara, regarding it as hopeless for anyone holding the ideas he does concerning the propagation of cholera to expect a hearing from those in authority in India, and much less to be able to influence their actions, has addressed himself to Mr. Simon on the ground that the information in his possession may still be of use somewhere. He expresses his firm conviction that, with the differences of opinion held by Mr. Strachey and sanitary and medical officers, together with the want of foresight exercised by those whose duty it is to regulate these matters, any number of vessels carrying pilgrims, or other human freight, or merchandise, contaminated with cholera poison, might at any time proceed from India to Arabia, or even directly to Europe. Mr. Macnamara, it must be remembered, is a thorough-going believer in the contagiousness of cholera and in the water-propagation theory of that disease. We confess that we should be glad, believing as we do in the power of contaminated drinking-water to act as one of the media by which this and other diseases are propagated, to encounter an array of well-ascertained facts in place of the assertions that one ordinarily meets with; and Mr. Macnamara would perform far greater service by affording us full details of the experimental proof that seems to have carried conviction to his mind, than by the publication of statements of a very inexact character. He quotes some remarks from THE LANCET on the enormous number of reports—medical, sanitary, and statistical—issued in India, and he adds that the aggregate weight of these reports for the year 1868 by the newly-created Sanitary Department in the Bengal Presidency alone, amounts to no less than 13 lb., exclusive of gaol reports and those issued by the Indian Medical Department, dispensaries, and so on; whereas the Army Medical Report, furnishing the entire medical history of the British army in India and every other part of the world, only weighs 1¼ lb. The waste of power and money in the publication of all these Indian reports is something simply ridiculous, and anyone desirous of ascertaining some fact, say, has to incur such an amount of labour and loss of time that the chances are he gives up the search altogether. The truth is, we suppose, simply this: the division of labour and the multiplicity of departments in India are such that officials have to justify their independent existence, and they do this by the publication of reports. So far from going the right way to discover truth, they often obscure the path, and embarrass those who might otherwise have a chance of successfully pursuing it by a mass of details having at most a very indirect, if any, bearing on the subject under investigation. If Mr. Macnamara can secure a reform in this direction he will deserve credit. The more direct object of his communication, however, is to illustrate his views on the propagation of cholera by various statements of fact, and tables. We wish that we could speak of this document differently, but we cannot regard it as a creditable production, or one likely to raise the reputation of its author. In the first place, it is most carelessly written. For example, at p. 1 we find the following extraordinary piece of writing, the meaning of which we hope may be more readily appreciated by Mr. Simon than it has been by us:—"The necessity for *correlating* [the italics are ours] the reports of the medical service in India, of husbanding, in fact, the *potential* force it is endowed with, so that its *dynamic* influence may be exercised with *concentrated power* upon one or more of the numerous evils it has to cope with...." At p. 3, again, there is a quotation from the report of Dr. Buchanan and Mr. J. N. Radcliffe on Midden Closets, in which "intermittent fever" is printed for "enteric fever"—an unfortunate mistake, to say the least. At p. 7 Mr. Macnamara writes:—"I need not remind you of what took place as regards cholera in Mecca during March and April, 1866, in Egypt in May, followed by the outbreak of the disease in Europe during the summer of 1866. It seems to me that the relation between cause and effect of this terrible extension of the disease from this country is—at any rate in this instance—so plain," &c. This is *apropos* of cholera in Calcutta in 1865-66. Now cholera was present in the south coast of Arabia, at Makalla, in February, 1865, broke out in Mecca in its full virulence in May, 1865, and appeared at Alexandria in June of the same year; its great extension occurring also in the same year. Carelessness of this sort, and these are not the only instances, robs a document of any force that it might otherwise possess.

The Report of the Sanitary Commissioner for the Central Provinces for 1869 has only just reached us, or we should have noticed it on a previous occasion. Like most documents of the kind, it is a very voluminous one. The Report seems to have been prepared with great care. It is mainly occupied with the details of the terrible epidemic of cholera that spread over the province in the course of 1868 and the following season, causing a mortality of nearly 70,000 out of a population of rather less than 7,000,000. Mr. Townsend's conclusions are at variance with those published by Dr. Bryden. The absence of any connexion between cholera and a moist atmosphere and soil is illustrated by several facts, and evidence is adduced to prove the incorrectness of the theory that the disease is air-conveyed, or that there is any "revitalisation" or reproduction of cholera subsequently in any given district where it had previously prevailed in an epidemic form. We have not the space to follow the author in this part of his subject. Let it suffice that there

is, in his opinion, no evidence that the spread of cholera is not subject to the same laws that govern the spread of other epidemic diseases which are recognised as contagious, and which, with alternations of dormancy and activity, affect the human race. He endeavours to show that the extension of the epidemic over vast districts was solely attributable to human intercourse; and he describes the spread of the disease along two great lines of communication traversing the populous tracts of country lying north and south of the Satpura range. Reviewing the facts given concerning the origin of the epidemic, and its movement subsequently along the main lines of communication, "it is scarcely too much to say that the cholera which spread over the whole of the Central Provinces and the Bombay Presidency, and reached southward as far as Haidrabad in 1868-69, is traceable primarily to the cities of Mirzapur and Benares on the Ganges, and secondarily to the gangs of coolies on the road between Jabalpur and Nagpur; and that human intercourse was the sole agent by which the spread of the disease was effected. The current in the main artery of communication between Eastern and Western India became polluted, and every region supplied by its ramifications became affected more or less according to its susceptibility."

There is one point which may interest the profession at the present time when small-pox holds so prominent a place in the attention of the public. Simultaneously with cholera a very violent epidemic of small-pox spread over the province, and the similarity of the course followed by the two epidemics, as traced in Mr. Townsend's Report, is certainly remarkable.

On the subject of water pollution, Mr. Townsend points out various sources of putrefying materials; and adds that annually, in the hot weather between March and June, a very large proportion of the drinking water of the province passes through a state of putrefaction. Admitting the intimate connexion between cholera and water contaminated with animal organic matter, and that cholera excreta may contain a specific poison, the author is not prepared to allow that the drinking water fouled by cholera dejecta is the medium by which the disease is diffused over a wide area. He considers rather that the use of impure water acts as a predisposing cause to cholera. There is clear evidence that the inhabitants of a town or village may use water impregnated with animal organic matter with apparent impunity so long as they are not exposed to the infection of cholera; but when this happens, the disease is manifested with violence in proportion to the degree of pollution of the water-supply.

We took occasion, in commenting upon an outbreak of cholera which occurred in Jounpore Gaol in February, 1870, to remark that in cases of this kind a really exhaustive inquiry might be undertaken with some hope of success, and we strongly recommended that it should be done on the occasion of any outbreak occurring on a similarly limited scale. We are glad to notice that the *Indian Medical Gazette* fully agrees with us in this matter. We coincide with our contemporary when he says that we want to be put in possession of all the *facts* by means of a report drawn up by those on the spot, while the circumstances connected with the outbreak were fresh in their memories; and we concur in thinking a paper entitled "A Note on the Diffusion of Cholera," by Assistant-Surgeon Ambrose, 58th Regiment, in which he reports the occurrences that took place in and about Sealkote during the cholera epidemic of 1869, a very clear and interesting document. The facts appear to demonstrate the possibility of checking the progress of cholera by a well-concerted and rigidly enforced system of quarantine.

Analytical Records.

COD-LIVER OIL JELLY. (PREPARED BY MR. JAMES AGNEW, LIVERPOOL.)

MANY persons in fair health are often as much affected by even the sight of some substances of an oleaginous character as they are by the odour and taste; how much more is this the case with invalids. In many the look of cod-liver oil is sufficient to give rise to a feeling of repugnance. Mr. James Agnew has devised a combination of that oil with gelatine and other constituents. In this preparation the appearance of an oil is entirely got rid of, together with much of the odour and flavour. There is no doubt that many invalids who shrink from the oil in its pure and undisguised condition will be enabled to take the cod-liver oil jelly of Mr. Agnew.

PERFUMED SOLUTION OF CALVERT'S CARBOLIC ACID. (PREPARED BY H. C. MASON, PRESTON.)

Carbolic acid is amongst the most important of disinfectants, but the smell attached to it constitutes in many cases an insuperable objection to its use. Mr. Mason has endeavoured to remedy this by adding to the solution a perfume; this has the effect of disguising the odour, and hence the combination is a useful one.

SULPHUROUS ACID IN ALCOHOL. (MANUFACTURED BY MESSRS. HERRINGS AND CO., ALDERSGATE-ST.)

As a powerful disinfectant, Herrings and Co.'s solution of sulphurous acid will be found of great use. Alcohol having been used as the solvent for the sulphurous acid, the solution on exposure to the air is rendered more volatile, and thus a larger quantity of sulphurous acid is liberated in a given time than from any of the ordinary solutions of that acid. One volume contains one hundred volumes of pure sulphurous anhydride.

LIEBIG'S MALTED LUNCHEON BISCUITS.

These biscuits consist of a proportion of the malted extract previously noticed, combined with some of the other more usual constituents of biscuits. They were found to contain 5 per cent. of albuminous but no fatty matter.

LIEBIG'S MALTED DESSERT BISCUITS.

These differ somewhat in size and composition from the biscuits just noticed. They contained 4·48 per cent. of albuminous, and 1·50 per cent. of fatty matter or cream. Both these kinds of biscuits are agreeable to the taste, and by some they will doubtless be preferred to the pure malt extract. They may be obtained of Messrs. Millard, Barbican.

WARREN'S SWEET ESSENCE OF RENNET. (PREPARED BY M'MASTER, HODGSON, AND CO., DUBLIN.)

This preparation differs from the ordinary liquid and so-called *essences* in its freedom from acid and salt, which after a time affect injuriously the coagulating power of the rennet. Tested with milk, it answers admirably. It will be found very convenient for use in the kitchen, in making of curds and whey, cheesecakes, &c. Its freedom from acid also renders it very suitable for the preparation of such articles as are intended for the use of children and invalids.

AT the Royal Geographical Society, on Monday last, Sir H. Rawlinson (in the absence of Sir R. Murchison) congratulated the meeting on the news just received from Consul Kirk at Zanzibar of the safety of Dr. Livingstone. Letters from Ujiji, bearing date November 10th, state that a month before (October 15th) the Doctor was at a place called Manakoso—supposed to be on the west bank of Tanganyika; that he was in good health, but still short of the supplies which had been despatched by Consul Kirk last year. The supplies, Consul Kirk believes, had (March 10th) reached him, or at least were on their way from Ujiji to Manakoso. Further details as to the "Christian Doctor," as the Arabs call him, are promised by Consul Kirk with next mail.

THE LANCET.

LONDON: SATURDAY, MAY 13, 1871.

THE renewed debate on Mr. HUTCHINSON'S cases of alleged vaccino-syphilis, at the Royal Medical and Chirurgical Society, was very interesting, and some important additional facts were adduced.

In the first place, the original series of cases has now been followed to the fourteenth week after vaccination (ninth after the appearance of the alleged chancres), mercurial treatment having been administered to all. The sores have universally healed, with the partial exception of one in a patient who did not get the treatment till later than the others. In none of the cases has any characteristic secondary eruption appeared, although it is only right to add that Mr. HUTCHINSON thought the roseola that appeared in some of the cases was of specific character.

Secondly, a series of cases was brought forward, the masterly analysis of which by Mr. HUTCHINSON sufficiently showed that a *false alarm* of vaccino-syphilis had been raised in these instances.

But, thirdly, a new series of cases was reported from the practice of Mr. WARREN TAY (with the critical opinion of Mr. HUTCHINSON upon them), which Mr. HUTCHINSON agrees with Mr. TAY in believing to be indisputable instances of vaccino-syphilis. These were a brother and sister, aged respectively fourteen months and four years, who were vaccinated at a public station on the 17th of February last, and for nearly two months presented no symptoms; they were, and they are, healthy in general appearance. The vaccination sores, however, were still unhealed on May 5th, in each case. In addition to this, the elder child began, about a month ago, to present a rash which at the present time wears a very characteristic syphilitic appearance; a similar, but much more slightly marked, rash has quite recently appeared on the younger. The elder child also presents the nearly healed remains of symmetrical excavated ulcerations in the tonsils; but it must be remarked that this child had sore-throat before the vaccination. There was slight induration about the vaccination sores in the elder child; none are mentioned in the case of the younger. The vaccinifer from whom these children derived the lymph, though looking well, was found to have a small condyloma near the anus, to have suffered badly from "snuffles," and to have commencing hydrocephalus.

The above are the whole of the new facts adduced in the discussion that have any serious value, but before considering them we must advert to some other cases that were brought forward which were absolutely valueless. Mr. HENRY LEE, who sorely tried the Society's patience, partly by reading a long written vaccino-syphilitic sermon, and partly by exhibiting a scarcely decent joy at the advent of what he called "a red-letter day in the history of vaccino-syphilis," related some old cases that, with one exception, confessedly were not in the least degree proved to be syphilitic, and exhibited one baby whom he suggested might have been syphilised from vaccination, but whom the majority of those who examined it (after the meeting) declared, as we understand, not to be syphilitic at all! Secondly, Mr. STARTIN put forward, without the slightest detail of cases, the general statement (which the Society received in decorous silence) that he had seen about thirty cases of vaccino-syphilis in as many years of cutaneous practice. To this there was nothing to be said; there was no possibility of arguing with Mr. STARTIN. But to another statement of that gentleman there is a good deal to be said—his assertion, namely, that at the time of Mr. SIMON'S General Circular (1857), asking for information from practitioners as to the existence or non-existence of vaccino-syphilis, he (Mr. STARTIN) sent to Mr. SIMON a list of undoubted cases, with the names and addresses of the patients, but that *no notice was taken of his communication*. This would be, indeed, important if it were true, but unfortunately it happens to be anything but correct. Indeed, the statement is amazing, the real facts being as follows:—At the time of Mr. SIMON'S circular Mr. STARTIN sent (*not cases* but) a general vague statement that he had seen several cases of vaccino-syphilis; that statement, along with a good many others that were equally vague and unscientific, Mr. SIMON loyally printed, and it is to be seen (as our readers must know quite well) in the tabulated statement which was drawn up, and which has been so constantly referred to in subsequent controversies. On further inquiry we learn that Mr. STARTIN did, some months later (when the whole inquiry was closed, and the answers had long been published), send certain notes of cases of what he thought was vaccino-syphilis to Mr. SIMON. The cases were, we believe, extremely vague and inconclusive; but, good or bad, they were excluded simply because they came too late. We must be excused for going into this piece of detail, because it is of great importance to test the accuracy of a gentleman's memory who makes so remarkable an affirmation as that he "has seen thirty cases of vaccino-syphilis in as many years." And there is another and very serious view of Mr. STARTIN'S statement: if that statement be accurate, and not the result of vague and imperfect recollection, then we must say that we hold him guilty of a grave breach of duty in not having long ago brought these matters before one of our medical societies, with a view of having them officially confirmed. So much for Mr. STARTIN. As to Dr. DRYSDALE'S curious story about a child of deaf and dumb parents, who was used as a vaccinifer at St. Bartholomew's Hospital, despite Dr. DRYSDALE'S having labeled him syphilitically dangerous, it seemed the general impression that this legend partook of the mythic character; and there was great laughter when Mr. THOMAS SMITH, with a wrath for which he afterwards good-naturedly apologised, exclaimed that "there was no vaccination ever done at St. Bartholomew's," and thus exploded the whole affair.

We really beg Mr. HUTCHINSON'S pardon for even mentioning these specimens of scientific investigation in the same breath with his own very interesting and well-observed cases, though we are compelled still to differ from him as regards the conclusions which can be logically

drawn from them. The first series of his cases stands now in no worse position than it did a fortnight ago, or rather the probability that these cases were syphilitic has notably diminished by this further lapse of time, without the occurrence of secondary syphilis in any one of the eleven persons. We entirely agree with what was urged by more than one speaker, that it is impossible, or at least most highly improbable, that the mercurial treatment would have protected *all* these cases for so long a time from the general manifestations of syphilis. In short, the only case which so far presents any seriously alarming symptoms is one of those introduced to Mr. HUTCHINSON'S notice by Mr. WARREN TAY. We are very glad to hear that the Council of the Society has determined to appoint a committee of investigation, and in the meantime we must protest that it is the duty of everyone to hold his opinion in suspense. Let us repeat emphatically that no sore known can be identified merely by its own appearance as syphilitic; it must be part of a chain of phenomena, or it proves absolutely nothing. It is quite true that there is a certain kind of sore which, *if we see it on the penis*, or on the tongue, we should feel almost certain was syphilitic; but that very sore *might* owe its character to simple irritation. And a precisely similar sore occurring after an irritant wound on an indifferent part of the skin would really give no positive evidence of syphilis at all.

One word more. We hope that the Council of the Medico-Chirurgical Society will take scrupulous care to appoint the Committee impartially, so that men with both kinds of prepossessions, and men with no prepossessions on the subject at all, may be equally represented, since nothing less than this would satisfy the profession.

THOUGH Mr. HOLMES is not quite up to our mark as a medical reformer, we gladly give insertion to a letter from him in another column. We have such faith in the reasonableness and wisdom of the proposals of THE LANCET Bill as to believe that men who seriously consider the difficulties of the question will find themselves week by week coming nearer to an admission that the essential proposals of the Bill should be accepted as the basis of the next legislation. Mr. HOLMES is evidently alive to the evils of the present system, and anxious to have them remedied. In regard to the formation of examining boards, he is quite prepared ultimately, if necessary, to accept THE LANCET proposal of giving to the General Medical Council the power of selecting examiners; but in the meantime he would give the medical bodies another chance. He is anxious not to injure these bodies, but he clearly says that they are only important and valuable in so far as they represent and promote unity in the members of the profession, and in so far as they secure to the public that which is to the public the essential point in medical reform—viz., a sound and sufficient medical education. As every one of these nineteen bodies represents the way in which the art of medicine has been injuriously and artificially divided into parts, it is difficult to understand how an argument for the continuance of their individual authority is to be got out of the notion of their promoting and representing unity in the profession; on the contrary, they represent its divisions. That they have not secured sound and sufficient medical education must be admitted on the strength of the evidence adduced by Dr. PARKES and others, and of the fact that busy men like Mr. HOLMES are earnestly advocating a better system. We, too, are anxious not to injure the medical bodies, and we believe that the acceptance of THE LANCET Bill will not have this effect. But the better education of the profession is an object so important as to be entitled to be considered by itself, and apart from nineteen distracting questions. Nobody arranging *de novo* for the proper examination of students in medicine would either commit the duty to nineteen separate bodies, or give to nineteen bodies the difficult and delicate duty of forming three conjoint or amalgamated boards, in one or other of which they should all have representation, and the emoluments of which they should all share alike. The difficulty has been illustrated in the failure of an attempt by the principal bodies during the last few weeks. This difficulty is not likely to be lessened by the presence of the universities in conclave with the corporations. Failures involve delay. Bad schemes, which could not be accepted by the Medical Council or the Privy Council, would have to be rejected. Their discussion would involve prolonged sittings of the Medical Council, which cost nearly a thousand pounds a week. And the various meetings of the bodies would certainly tend neither to illustrate nor to promote the unity of the profession. Mr. HOLMES himself anticipates difficulty. He says, if the difficulty of settling the claims of individual bodies should render the "amalgamated scheme" abortive, then the election should be placed in the hands of the General Medical Council, as proposed by THE LANCET Bill and in the scheme previously propounded by Mr. CHARLES HAWKINS. Surely it is better at once to relieve the existing bodies of the duty of forming these new boards and to leave them independently to give their existing diplomas. Mr. HOLMES says the result will be the same under either system. It would be as reasonable to say that you would get the same results from the system by which examiners are elected at the College of Surgeons, and that by which they are elected in the London University. Mr. HOLMES is charitable enough to vindicate the personal competency and fitness of the examiners of the College of Surgeons in its corruptest times. We can only express our wonder that such good examiners should have given such bad examinations, and that Mr. HOLMES should say a word in defence of a system which made men examiners whose surgery was often a generation old, and characterised as much by crotchets as by knowledge of facts. But Mr. HOLMES says that under the amalgamated scheme there would be uniformity and supervision. There might be both, though we certainly see no efficient provision for either. There is supervision now, but there is no thorough inspection of examining work. Whether we look to the difficulties that have to be overcome in framing an amalgamated scheme, or in working it, or in supervising it, we must come to the opinion of Mr. CHARLES HAWKINS, that "the day for Conjoint Examining Boards has passed away." And we have hope that Mr. HOLMES will come ere long to the same conclusion.

Mr. HOLMES'S remarks on the question of the Medical

Council will appear to the profession too apathetic. He would neither oppose nor support a claim for direct representation. He can see no good likely to arise from it. He would be willing to give a share in the election of the governing bodies of the various colleges to Members and Fellows, and thus indirectly bring the influence of the profession to bear on the electors of the General Medical Council. Mr. HOLMES would refer this question and that of the general composition of the Medical Council to the consideration of a Commission composed of two laymen and three medical members. We should have no objection to such a reference, feeling assured that the composition of the present Medical Council does not admit of defence, and that it must appear still more absurd after the individual bodies of which it is so predominantly composed shall have been deprived of their licensing power. Mr. HOLMES writes with an earnestness on the subject which commands our respect for all he says; but we should have been pleased to see a little more decision on this plain question of the Medical Council, which is really at the root of medical reform.

IT is now certain that we cannot afford to neglect the study of epidemic diseases, and to remain longer slumbering under a sense of false security in the belief that vaccination, in the very general but too often erroneous and delusive acceptation of the term, is capable of banishing small-pox. At this moment nearly every great city in the world is suffering from its ravages. The annual death-rate during the last quarter has been 3 per 1000 in London, 8 in Liverpool, 13 in Shields, 25 in Rotterdam, 36 in Utrecht, and 48 in the Hague; and there is a large but unknown quantity in Paris, Brussels, Berlin, and New York. The Registrar-General reports that the mortality last week was higher than ever, and three times as high as the largest number returned in any week of the several epidemics that occurred during the thirty-one years between 1840 and 1870. Dr. SEATON informed the Vaccination Committee that there had been upwards of 4000 deaths in London since the 1st of October, 1870; and, giving an ample allowance of recoveries, there had probably been 47,000 persons attacked since that time. As half the admissions at Hampstead consists of persons over twenty years of age, and therefore productive labourers and artisans, it is not easy to reckon the loss on this account, to say nothing of the not inconsiderable bill which must shortly be presented to the public by the vestries, boards of guardians, and the managers of the Metropolitan Asylums Board, all of whom have had to do with the disease. Now, we believe that the more closely the conditions are examined under which the epidemic has spread and become fatal, the more clearly will it appear that neglect of vaccination is the chief cause. In London, where the mortality is extremely low in proportion to the entire population, we believe that a close analysis would prove that the rich, intelligent, and well-vaccinated portion of the community have almost entirely escaped; whilst amongst the poor, who until quite recently have been allowed to grow up comparatively unvaccinated, the contagion has spread through entire households. Several facts have lately come out which indicate that the neglect of vaccination is far more general amongst the lower classes than might have been supposed. Thus of 85 children admitted to Hampstead, no less than 46 were found unvaccinated. In St. Pancras, a large number of school children were found equally neglected; and many more, probably, are insufficiently protected, owing to a local prejudice against the production of more than two vesicles. But even in St. Luke's, Middlesex, which has justly the credit of carrying out the Vaccination Act most perfectly, it was found, during the house-to-house visitation, that, of 1150 children, 109 were only partially protected, and 98 not at all. We fear, therefore, that the estimate of Mr. SIMON, that 97½ per cent. of the population of London over three months old are vaccinated, is far too sanguine; and that amongst the lower classes, constituting one-third of the population, from 8 to 10 per cent. are entirely unprotected, and twice as many more are only in a partially protected state. Even according to Dr. SEATON's estimate, that there are 100,000 unprotected persons, infants included, in London, the prospect is so gloomy that we need not add to the amount. But certain it is that there is still pabulum for a continuance of the epidemic for several months to come; nor is there much prospect of abatement. The foci of contagion may be numbered by thousands. Until now, not one-fifth of the entire number of persons attacked have been removed to hospital; indeed the provision of hospital accommodation, great as it is already, and still increasing, has never yet been adequate for a single week. Unavoidable delay gives an excuse for detaining patients in their homes, who desire to remain there, whether it be on account of interest or a genuine fear of parting with friends and relatives for ever at the door of the hospital. Considering the power of the contagion, it is scarcely reasonable to suppose that any considerable number of unprotected persons will escape, and we cannot be surprised if the weekly mortality should continue high.

One duty alone remains. It is to impress upon the authorities the importance of early and efficient vaccination. Let not the possibility of danger deter any from the use of a prophylactic which is as effective as regards the body as is a disinfecting oven to the clothes. Do not be satisfied with ordering or advising people to go to the stations only, but send the vaccinators into the infected homes. By that means alone will the indifference of the indolent and the objections of the weak and credulous be overcome. Let the whole population be treated as unprotected, for until the commencement of the present year there was scarcely a public revaccination in any of our large towns. There is no certain mode of securing perfect protection but by revaccination, and the sooner this is recognised in law and practice the safer we shall be.

IN a recent lecture published in our columns, Dr. RUTHERFORD detailed the results of an experiment in which a frog was decapitated, and certain stimulants applied to the headless trunk. The account has been reproduced in various papers, accompanied by remarks that, in effect, charge Dr. RUTHERFORD with the guilt of refined and unnecessary cruelty. These comments, we venture to

think, have not been written by anyone accustomed to physiological inquiry; for they are founded upon the very common error of confusing irritability with sensibility—two attributes of nerve-tissue that are wholly and completely distinct from one another. The nerves, the spinal cord, and the muscles of the trunk, after the severance of the head, undoubtedly preserve their irritability in the frog for a considerable period, and by stimulation of the sensory nerves certain movements of a more or less purposive character can be called forth; but not only have we no evidence that sensibility, or the consciousness of pleasure or pain, can be aroused in such portion of the nervous system separated from the head, but all the evidence in our possession is directly opposed to this view. A large number of cases have now been placed on record, in which the spinal cord of man has received such serious injury as to be no longer capable of transmitting impressions to the brain. In such cases stimulation of the nerves of the lower extremities will occasion movements essentially similar in character to those of the decapitated frog, but which are absolutely unfelt; so that neither cuts nor burns produce pain. Experiments made on the higher mammals lead to the same result. But it has been suggested that the consciousness of an animal so low in the scale as the frog may be more generally diffused through its nervous system. This, however, it is obvious, is a pure matter of theory, founded upon the single fact that the acts in question are remarkably purposive, and give the impression of being directed by the conscious will of the animal. An argument resting on such a basis is, however, very fallacious, and cannot, in our opinion, in the face of the counter evidence derived from man and the higher mammals, be admitted for a moment.

The feeling of tenderness in some persons is so strongly developed, that we fully expect presently to hear of a Society for the Suppression of Cruelty to "Vegetables," and that we shall some day read of a malicious naturalist being fined ten shillings and costs by a humane magistrate, or in default a week's hard labour, for teazing a sensitive plant, or wilfully annoying the stamens of a barberry.

No one can more strongly deprecate the infliction of unnecessary pain on animals than ourselves. We should be the first to raise our voice against the inhuman methods of teaching the anatomy and surgery of the horse, cow, and other animals pursued on the continent, where the wretched animal is strapped down and slowly tortured to death by the performance upon it, whilst living, of innumerable operations and experiments. But we cannot for an instant include Dr. RUTHERFORD'S experiments in the same category with these. In almost all of those he has described the animals have been thoroughly narcotised; and, in regard to the one which has been stigmatised as cruel, we maintain, and shall continue to believe till much stronger arguments have been brought forward than any we have seen at present, that, when an animal like the frog has been decapitated, the trunk is absolutely destitute of sensibility, or the capability of perceiving pain; and we feel we cannot too strongly condemn such sensational paragraphs, as calculated to interfere with the advancement and promotion of science.

Medical Annotations.

"Ne quid nimis."

THE COUNCIL OF THE COLLEGE OF SURGEONS.

IN continuation of our article of last week, we proceed to discuss the claims of the gentlemen who will in all probability present themselves for election into the Council of the College of Surgeons in July. It will be recollected that Mr. Holmes Coote and Mr. Spencer Wells went to the poll last year, and both obtained the same number of votes, but with the difference that Mr. Coote had more than double the number of "plumpers" given by personal friends to Mr. Wells. Both gentlemen intend, we understand, to try their fortune again; and we may, therefore, briefly indicate their positions on the Fellows' list. Mr. Wells was one of the last batch of Fellows created in 1844, and stands next in seniority to Sir Wm. Fergusson, having been recommended by the Director-General of the Navy for the honour of the Fellowship whilst only an assistant-surgeon in the Royal Navy. Mr. Coote was one of the first batch of Fellows by examination, coming between Mr. Holden and Mr. Henry Lee, who are already members of Council. The professional positions of both Mr. Coote and Mr. Wells are so well known that we need not further allude to them; but we cannot forbear to recall attention to the fact that, whereas Mr. Wells wrote in these columns last year a full statement of his views on College and professional matters, Mr. Coote has as yet made no sign, and the mere fact of his being senior surgeon at St. Bartholomew's Hospital cannot, we think, be accepted as perfectly satisfactory evidence of the liberal views he will support at the College.

In addition to these two candidates, we are happy to learn that Mr. Critchett is likely to come forward on the present occasion. Mr. Critchett is next in seniority to Mr. Henry Lee, and may therefore fairly consider that his time has come. As surgeon and lecturer at the London Hospital for some twenty years, Mr. Critchett would have claims to a seat on the Council had he never attained the leading position he occupies as an ophthalmic surgeon. But it is as a representative of the latter so-called specialty that we should rejoice to see Mr. Critchett added to the Council, for it is exactly twenty years since a surgeon with any pretension to eminence as an ophthalmologist has been elected to that body; and Mr. John Dalrymple did not, unfortunately, live long to enjoy the honour. In the present day, when medical education is being expanded, and more attention is given to those special branches of study which are of such essential service to the practitioner, it will be of the greatest advantage to the Council to have the assistance of a gentleman thoroughly acquainted with all the details of modern ophthalmics, and able to advise as to what should or should not be required of the ordinary student of medicine. We anticipate that Mr. Critchett will be prepared to support the party of progress in the Council of the College, and we trust that he will not hesitate to place his views before the electors in good time.

THE SECOND READING OF THE LANCET BILL.

THE approach of the time for the second reading of THE LANCET Medical Bill—June the 14th—leads us to urge upon all our readers the points of the question at issue, and the propriety of their asking their representatives in Parliament to support the measure. The first great object of the Bill is to secure a complete and efficient examining board in each division of the kingdom, which shall be the *one portal* to the profession. To secure the efficiency of these

three boards, we propose that they shall be entirely independent of the existing licensing bodies; the examiners to be appointed for a limited time, on the ground of their fitness, by the General Medical Council, and to be responsible to it. The fee for this examination is small, and would leave men with both the disposition and the money to affiliate themselves with a college or university. The second great object of the Bill is to procure a smaller Medical Council than the present one, more representative of the profession, and less of the individual corporations. At present the minutest proposal has to be discussed in the Council with reference to its bearings on eighteen or nineteen different and rival bodies. We propose to amalgamate these bodies for purposes of representation in the Council, and to give them four out of twelve seats. It is monstrous that questions of medical education should have to be solved in a way to please eighteen bodies. In addition to the main objects of the Bill, there are provisions of a penal character—more stringent than those of the Act of 1858—directed against those who practise under false titles. There is also a clause providing for the ready completion of the qualification of those who are practising with one qualification only. If our readers will consider the provisions of this Bill, they will see that, while conceived in no malicious spirit towards the corporations, it aims at elevating the profession; and that such a Bill has not before been offered for their approval.

THE EXPERIENCE OF AN ARMY MEDICAL OFFICER DURING THE SIEGE OF PARIS.

SURGEON MACDOWALL, 3rd Bombay Light Cavalry, was present during the whole of the late siege of Paris, and he has embodied his medical observations in a small pamphlet. These observations bear the marks of having been hastily put together, but they are interesting, and contain a good deal of information. Adverting to the organisation of the French regimental medical system—a system which, with the exception of some excellent points, he mentions with unqualified disapproval—he says that the limitation of the functions of the medical officers crushes their utility, and almost puts a stop to their progress in clinical knowledge. This system renders them the subordinates, not of their immediate medical superiors, or of their regimental commanding officers, but of what is called the "Intendance Militaire," or commissariat, a worthy body *in* itself, but as incapable of guiding the medical department of an army as the surgeons would be of organising the commissariat. The French system comprises two classes of medical officers—viz., those doing duty with their regiments, and those connected with the military hospital establishments. As all cases of sickness other than those of a trifling character are forwarded to the large hospitals for treatment, it follows that the regimental medical officers, although well educated and zealous men, soon lose their professional acquirements, and their opinion on professional matters fails to be sought after, or to obtain any weight with officers or men. Surgeon Macdowall regards the soup diet of the French soldier as one of the causes of the ruin of the army. He fully confirms the information previously published in our columns as to the great prevalence of pyæmia among the wounded, and the enormous loss of life that it caused. According to Ricord, this was to be attributed to some atmospheric condition arising out of the epidemic prevalence of small-pox. In the opinion of Nélaton, however—and this seems to us a far more reasonable view—wide-spread affections of bone (osteo-myelitis) had much to do with the production of the disease. Among the hospitals, it would appear that the results obtained at the Val de Grâce—the largest and finest intramural military hospital perhaps in Europe—were relatively good. The oil and cotton-wool method of treating wounds—that known by the name of Gruby's method—is said to have yielded good results at the Italian ambulance of forty beds. The American ambulance was fairly successful. The hut ambulance at Passy, the hospital establishments at the Hôtel Dieu, the Palais d'Industrie, the Grand Hôtel, and other buildings, proved bad places for the reception and treatment of wounded men. Although Mr. Macdowall's pamphlet scarcely dwells sufficiently on the point, we have been told that there was scarcely a hospital in Paris that fulfilled the requirements of ample cubic and superficial area, with adequate ventilation—at least according to English notions. The experience at the Palais d'Industrie partook, we might almost say, of the nature of an experiment, such as we hope will not be repeated. The disastrous results afford the strongest possible testimony in support of a doctrine pretty well recognised by army sanitarians in this country—namely, that the mere provision of a large cubic space in a hospital building will not prevent foulness of its atmosphere, unless it be accompanied at the same time by adequate means for ventilation. There was an allowance of 326 cubic metres per bed at the Palais de l'Industrie, and yet the amount of pyæmia was even greater than it was at the Grand Hôtel, where the patients had only 35 cubic metres of air each. The construction of the building was bad enough for hospital purposes, and it was rendered much worse by the internal arrangements adopted. It was simply impossible to procure that *renewal* of the air which is essential to the maintenance of its purity. Spite of lofty wards, the air was stagnant, and once it became fouled by organic impurities there was no way by which fresh air could be substituted for it.

MILK AND THE MILK TRADE.

THE sixth annual Report of the American Dairymen's Association for the year 1870 contains an interesting account of an investigation undertaken by Professor Alex. Müller and Dr. Eisenstuck for the Royal Agricultural Society of Sweden. It appears that fifteen cows were selected for experiment, five being Ayrshire, five Pembrokeshire, and five Swedish cows; and the milk given by them was analysed daily for the space of one year. The average quantity of solids for the whole year was 12·81 per cent. of the milk. The highest percentage of solids contained by the milk given on any one day was 14·08; the lowest percentage of solids being 11·65. Only in four instances did the solids rise higher than 13·4, and only in four instances did they fall lower than 12·0 per cent. And the conclusion is arrived at: "The composition of the milk of uniformly well-fed cows is, therefore, very uniform, and scarcely varies throughout the year, whatever may be the change in temperature, weather, &c."

In the last number of the *Milk Journal*, Mr. Wanklyn publishes analyses of three specimens of milk produced under very different conditions. Fifty gallons of milk from a farm in the country contained 12·45 per cent. of solids; rich town-fed milk contained 14·07 per cent. of solids; and milk produced by Alderney cows contained 12·66 per cent. of solids. It would seem, therefore, that properly fed cows rarely give milk containing less than 12 per cent. of solids, and never give milk with less than 11·5 per cent. of solids.

Some experiments on the milk of badly-fed cows might be interesting, but it is known in a general way that the effect of insufficient feeding is rather to diminish the *quantity* of milk than to impair its *quality*.

When milk is met with in commerce containing less than 11·5 per cent. of solids, it may be pronounced to have been either deprived of cream, or diluted with water, or mal-

treated in both these ways. From the three reports on London milk which have appeared in the last numbers of the *Milk Journal* it would seem that at least 80 per cent. of the milk sold in London has been either skimmed or watered or both. That 80 out of every 100 London dairymen should profess to sell milk in the state in which it leaves the cow, and really sell milk from which some of the cream has been abstracted, or to which water has been added, is a striking fact indicative of very lax commercial morality. Whether men ought to charge the milk trade with doing that which is equivalent to using light weights and short measures, or whether they should simply reproach it with pushing the doctrine of *caveat emptor* a little too far, is a problem which we leave in other hands. As medical men it concerns us specially to point out how difficult it must be under these circumstances to ensure to children and invalids a proper supply of nutritious milk.

THE METROPOLIS WATER BILL.

THIS Bill was not included in the "massacre of the innocents" announced by the First Minister in Parliament on Monday last, and later it was stated by Mr. Bruce that he should proceed with the Bill on the first opportunity. Meanwhile, Mr. Kay Shuttleworth has given notice that on the 23rd inst. he will move a resolution having for its object to pledge the House of Commons to an approval of the system of constant supply for the metropolis. Mr. Goldney also has taken up a most important branch of the question. He draws attention to the fact that, in consequence of the coming into operation of "The Valuation (Metropolis) Act, 1869," the taxation powers of the companies have been materially increased, and he has given notice that on the 23rd inst. he will move a resolution that, in the event of the Metropolis Water Bill not becoming law, the Government should introduce for the protection of the public a Bill for the appointment of a public auditor of the water companies' accounts, and for requiring the annual presentation of the accounts to Parliament. There are loud complaints of sudden and arbitrary raisings of water-rates in some districts, and the least the Government can do for the metropolitan water consumers is to accept Mr. Goldney's resolution, if Mr. Bruce's Bill is lost for this year, as we fear is but too probable.

THE VACANCY AT ST. MARY'S.

THE manifold evil results of the pernicious system of electing medical officers to posts in our large hospitals by the votes of the general body of lay governors are again, we fear, about to be fully illustrated in regard to the vacant physician-accoucheurship at St. Mary's Hospital. We are given to understand that four gentlemen are already in the field, seeking the suffrages of some fourteen hundred governors. Three of these gentlemen are colleagues at one particular hospital, and three of the four hold office at another institution. If it is painful for men of culture to be dragged through the objectionable formalities and details of a personal canvass as the only road open to positions which they are qualified to fill by reason of their work and their special acquirements, and to be engaged in contests in which the freest use of testimonials and money, together with the activity of friendly canvassers, is sure to tell on the election, how much more so must this be the case where several candidates for one post are already bound to one another by strong social ties. It is impossible that the governors of St. Mary's can of themselves fairly determine the value of the relative qualifications of the candidates, and to permit the latter to expend large sums of money in the conduct of such a canvass as is now in progress is a glaring wrong against which we again protest; it is unfair to the institution, to its medical staff, as well as to the candidates. We hope that some step will be taken to put an end to this scandal of hospital elections. The governors may have a perfect right to be assured that the fittest candidate is chosen, and the best way to secure this end is to delegate the choice of the most fitting candidate to the medical staff, or to a composite committee, who might only *recommend* the candidate best qualified for election, giving at the same time the reasons for the selection. The good sense of the governors of St. Mary's should suffice to lead to the abrogation of the existing rule in regard to elections.

INFLUENCE OF THE SYMPATHETIC NERVE UPON THE EYE.

DR. SINITZIN, in a communication made to the *Centralblatt* (No. 11), states that, having studied the effects of ablation of the superior cervical ganglion of the sympathetic nerve upon the eye in a large number of experiments, he has arrived at the following results:—1. Immediately after the ablation of this ganglion, increased vascular injection was constantly observable in the fundus of the eye of the same side. Ophthalmoscopic examination showed that the choroidal vessels had increased in size, that their anastomoses had become much more distinct, and that in general the fundus was of a much deeper red on the operated than upon the sound side. 2. The temperature of the eye of the operated side rose. In the sac of the conjunctiva and beneath the capsule of Tenon the difference in temperature amounted to as much as 0·9° to 2·4° Cent. 3. The cornea of the side operated upon possessed, when compared with the other, a much greater capability of resistance to the action of foreign and neutral substances. If, for instance, a fine spiculum of glass was inserted to an equal depth into each cornea, it always happened that, whilst on the sound side the spiculum excited more or less violent conjunctivitis, pannus, purulent infiltration of the cornea, with subsequent ulceration and ultimate disintegration of the adjoining tissue, or a more or less severe iritis and threatening of panophthalmitis, on the operated side either scarcely any reaction occurred, which was most commonly the case, or at most it was but slight. It was also observable that, as Claude Bernard has shown, the stronger the animal the greater the difference in the temperature, and the sooner after the operation the foreign body is inserted the greater is the resistance exhibited by the sound side. 4. The well-known neuro-paralytic phenomena consequent upon section of the fifth nerve in the skull, immediately in front of the Gasserian ganglion, do not occur if shortly before this operation, or immediately after it, the cervical ganglion is removed. 5. Even when some of these neuro-paralytic phenomena have made their appearance after section of the fifth, ablation of the ganglion will cause them to vanish in the course of a few (two to four) days. 6. Such disappearance is possible so long as the surface of the cornea remains moist and polished; if these conditions have supervened, separation of the epithelium, haziness of the cornea, as well as injection and swelling of the iris, will no longer disappear. 7. The complete atrophy or destruction of the eye consequent upon section of the fifth may still be staved off if the ganglion be removed during the progress of the changes, the conditions present either remaining *in statu quo* or undergoing more or less improvement. 8. The ulceration of the lips, especially of the lower one, following section of the fifth, as well as the ulceration of the eyelids, completely vanish after section of the sympathetic. 9. For the improvement taking place under the four last heads it is not requisite for the animals to have any special protec-

tion from injury afforded. In Dr. Sinitzin's opinion, the neuro-paralytic phenomena after division of the fifth occur whether the eye of the side operated on is protected from irritation or not. 10. The diminution of temperature observed by various experimenters on the same side after section of the fifth never occurs when ablation of the sympathetic ganglion has been simultaneously performed. Dr. Sinitzin says that the changes in the circulation appear to be at the bottom of these effects. Ligature of the carotid, or irritation of the depressor nerve of the heart, neutralises the inhibitory effects of the ablation of the sympathetic ganglion upon the neuro-paralytic phenomena consequent on section of the fifth.

PRIVY COUNCIL SANITARY REPORTS.

DR. THORNE THORNE has recently reported on the sanitary state of Appledore, Northam, and Bideford, villages on the coast of North Devon, which have suffered from a high mortality from zymotic diseases. In Appledore not more than one house in six is provided with means of disposing of house refuse, and the privies are so placed that the whole excrement of the town, mingled with ashes and sewage, is discharged upon the foreshore, creating an intolerable stench, and constituting a constant source of danger to the health of the population. Matters are made still worse by the existence of innumerable pigsties. The people object to sanitary improvements, and the result last year was 150 cases of fever and 11 deaths. In Northam matters are almost as bad. The water is contaminated, and accumulated refuse, open cesspits, and filthy pigsties abound. In Bideford there is a general excremental pollution of air, soil, and water. There is no proper method of dealing with the excrement and refuse of the population. The houses are very closely built, and the crowding as great as in many parts of London. Constant sanitary supervision is needed, and more energetic action on the part of the local board. All these villages require the services of a medical officer of health, who should, amongst other duties, keep the local authorities acquainted with the sanitary condition of the district, and give advice by which outbreaks of disease may be best arrested and prevented.

REGULATIONS FOR POOR-LAW DISPENSARIES.

THE Poor-law Board have at length issued their long-promised regulations for the management of the metropolitan dispensaries. In the first place, they are to be managed by a visiting committee of the guardians, who are to appoint a separate chairman, and meet not less frequently than once a fortnight. The committee is to inspect the books and forms ordered to be kept by the medical officer and the dispenser, inquire into the stock of drugs, &c., and supervise the general working of the institution. The orders for drugs, &c., are to be certified as approved by one or more of the medical officers. The medical officers are to attend the dispensary at appointed hours, and to enter their names in an attendance-book, with the hour of arrival and departure. They are to keep a medical relief register, and index thereto, and submit the same to the guardians once a quarter, or whenever the guardians shall require its production; and this register is to be open daily to the inspection of the medical officer of health between the hours of ten and four. Every prescription is to be given on a prescribed form, and signed by the medical officer, and the orders and prescriptions are to be filed. Paupers may be placed on the permanent medical relief list for a period of six months. The medical officer is to advise the guardians as to the continuance of such paupers on such lists, and to take the directions of the board of guardians thereon. The medical officers are to attend the meeting of the visiting committee if required to do so.

In future there will be two forms of medical order—one entitling the bearer to medical relief at the dispensary, and the other entitling him to be visited elsewhere. The word "urgent" is to be written across the order in special cases. The dispenser is to possess a qualification, and to give up his whole time to his duties; he is to take charge of stores and drugs, and properly dispense the prescriptions of the medical officers. He is also to assist them in keeping the index to the medical register.

The issue of these regulations forms an important era in the administration of Poor-law medical relief. Dispensaries will henceforth be conducted on a common principle; and, although the regulations are by no means so complete as we should desire, they will relieve the medical officers of a vast amount of clerical labour, and put the performance of the duties on a much better footing.

SMALL-POX AT SOUTHAMPTON.

THE articles which have appeared in the daily press, combined with a visit of an inspector from the Privy Council, have put the authorities on the alert. At the last meeting of the Town Council, it was decided to obtain hospital tents and place them on the common for the reception of small-pox patients, in lieu of sending them to the Sanitary Committee's hospital in New Town, to get rid of which the inhabitants of that part have been up in arms. This hospital, although small and capable of receiving not more than sixteen to eighteen patients, has been well superintended by Dr. Osborn, the *pro temp.* officer of health, and approved by several medical men, as well as the Government inspector. The vaccination arrangements are again altered: no more persons are allowed to be vaccinated away from the stations, excepting when small-pox is in the house. The consequence is that revaccination is again almost at a stand still. Further, it appears that payment for revaccinations under twelve is illegal. Thus many a child with imperfect scars is doomed. By this alteration—the result of Government inspection and the advice to carry out strictly the letter of the law—the epidemic, which appeared to be somewhat checked, will probably very shortly increase in severity. The inspector recommended the Board of Guardians to work in harmony with the Sanitary Committee. It would be as well if he advised the Privy Council to grant special powers to the boards to exceed the ordinary law.

The number of fresh cases reported during the week was 97; but only seventeen, or about half, of the medical men sent in returns, two of the defaulters being parish doctors. The deaths from small-pox during the week were 22, or 5 less than the previous week—that is, the mortality from small-pox alone is at the rate of 24 per 1000 per annum.

HYPODERMIC INJECTION OF QUININE.

ACCORDING to the *Indian Medical Gazette*, the hypodermic use of quinine is being rather extensively tried as a remedy for the malarious fevers of that country, and apparently with considerable success. It is asserted that smaller quantities of quinine introduced in this way suffice for a cure. The subcutaneous method obviously possesses considerable advantages where much gastric irritability is present, which it frequently is in the febrile diseases of India, as well as in those severe cases of malarious poisoning in which there is a semi-comatose condition, with difficulty in swallowing. One of the difficulties that requires to be overcome, however, arises from the locally irritating qualities of the

solution of quinine employed—owing, no doubt, to the small quantity of acid required to dissolve it. Different methods have been suggested with the view of counteracting this, such as the employment of citric acid as a solvent, or the use of the neutral sulphate of quinine, prepared by Messrs. Bullock and Reynolds. Perhaps some of our chemists and pharmaceutists will be enabled to supply a variety of quinia, or to suggest a vehicle for its solution that would remove this source of objection to the exhibition of this agent by way of subcutaneous injection.

OPPOLZER: IN MEMORIAM.

THE colleagues and professional brethren of this eminent physician, among whom we notice the names of Duchek, Arlt, Standhartner, Braun, and Benedikt, have announced their intention of devoting to his memory a bust, to occupy some suitable place, and a scholarship for the encouragement of the science in which he was a master. They have resolved themselves into a committee, and have issued an appeal to the profession and the public in Austria for co-operation and assistance. The response cannot fail to be a cordial one, widely respected as Oppolzer was, not merely as a prælector, but as a practitioner, in medicine. In the former capacity his claims to gratitude are not limited by the country of his birth or the scene of his labours. His pupils belong to nearly every European and Transatlantic nationality, and to his teaching they owe much of their efficiency in their respective spheres of usefulness. The many English physicians who have sat at his feet will, we are sure, afford every encouragement in their power to the project for his commemoration, and give practical force to the maxim, "Omne solum medico patria." The committee announce that contributions will be received by one or other of its members, or by Dr. B. Kraus, at the office of the *Allgemeine Wiener medicinische Zeitung*.

THE DEBATE ON THE POOR LAWS.

MR. W. H. SMITH, M.P. for Westminster, has enhanced his reputation by his sound and practical speech in favour of an inquiry by a Royal Commission into the administration of the Poor Laws in the metropolis. He pointed out especially the necessity of diminishing the amount of out-door relief, but thought this would not be possible until the administration of medical relief was separated from that of out-door relief, as it is in Ireland. Mr. Smith expressed his anxiety to increase the areas of management as regards in-door relief, with the view of securing a still better classification of the inmates of workhouses, a better labour test, and more uniform dietary and treatment. And he was of opinion that the present divisions for the purposes of out-door relief were much too large for efficient supervision and control of the out-door poor. In these views we most cordially concur, and we hope that the suggestions will receive the attention which Mr. Stansfeld promised to give them on the part of the Poor-law Board.

THE PUBLIC HEALTH.

THE Registrar-General's Return of Births and Deaths for the three months ended the 31st of March last shows a decline in the mortality as compared with the unhealthy first quarter of 1870. There was a reduction in the fatality of scarlet fever, but the small-pox epidemic has, unhappily, prevented any considerable improvement in the public health from being recorded. Small-pox, which caused 405, 446, 500, and 1229 deaths in the four quarters of 1870, was fatal to 4903 persons in the last March quarter. London and Liverpool alone contributed 3462 fatal cases, South Shields 238, Llanelly 141, Stockton 78, Brighton 42, Croydon 32, Hartlepool 37, and Swansea 34. The epidemic more or less prevailed generally all over the country; but the four main small-pox "fields" were London, Liverpool, and the mining districts of Durham and South Wales. The Registrar-General traces nearly all the smaller outbreaks to one or other of these central foci of infection; and there is, he says, distinct evidence in many cases of the introduction of the disease into seaside towns by sailors, it having been greatly prevalent in some parts of the Continent. Returns from foreign cities show how widespread is the present epidemic of small-pox: in far-away New York, Bombay, and Madras, as well as in the comparatively near cities of Paris, Brussels, the Hague, Berlin, and Vienna, the death-rate from this one cause is now, and has been for some time past, excessive. In Holland, it is said, a very strong prejudice exists against vaccination; and the Registrar-General shows that if the same death-rate from small-pox had obtained in London during the last quarter as prevailed at the Hague in January and February, the deaths would have amounted to 38,828 instead of the 2400 which actually occurred. This is a forcible way of putting the case against the anti-vaccination movement, and it is one which deserves serious consideration. Until the results of the Census are authentically declared, it is of little purpose to make comparisons of death-rates, either as between particular towns or between urban and rural districts; but the absolute numbers of deaths recorded in the two periods show that, on comparing the March quarters of 1870 and 1871, there was a decline of only 1·1 per cent. in the mortality of towns, while the decrease in the rural districts was 7·7 per cent.

THE "HAMADRYAD" HOSPITAL SHIP.

THE *Hamadryad* at Cardiff is not likely to equal in cosmopolitan fame the *Dreadnought* at Greenwich; but it is an establishment now pretty well known to sailors. The annual meeting of the authorities has been recently held, and the report recites that during the year 1306 patients have passed through the hospital. The ship now makes up seventy-two beds, and has two resident medical officers, one of whom is superintendent. It is satisfactory to know that the income has somewhat exceeded the expenditure, and it would be well if the Seamen's Hospital at Greenwich could be aided in the same way—i.e., by a small contribution from every vessel entering the port, whether any of the crew require medical assistance or not. The Committee of the *Hamadryad* also consider that their institution serves a useful purpose in preventing the introduction and spread of any disease that may have been imported by the shipping into the town. We notice, too, that a vote of thanks is given to the medical officers for their services—a polite practice which the authorities of other institutions would do well to imitate.

PERIODICAL EXAMINATIONS UNDER THE CONTAGIOUS DISEASES ACTS.

A STRIKING example of the utility of periodical medical examinations is shown by the operation of the Acts at Dover. The Acts were set in force in that district in January, 1870, and among 92 women examined 27 cases of syphilis were found. In January, 1871, 79 women were examined, and 3 cases of syphilis and 2 of gonorrhœa were found. But in consequence of an outbreak of scarlet fever in the house where the examinations were conducted, they were suspended between March 14th and April 15th. On the resumption of periodical examination, of the whole number of prostitutes (about 80 women), 15 cases of syphilis were detected and sent to hospital. It would be difficult to bring forward a stronger proof of the value of these inspections, and of the hopelessness of staying the spread of

venereal disease without them, for during this month of interruption any woman who had desired to go to the hospital would have been at once dispatched thither by the authorities on her own application. But, contrary to what is asserted by the opponents of the Acts, these 15 syphilitic women preferred to remain at large distributing syphilis far and wide, until compelled by the law to undergo seclusion and treatment.

SANITARY CONDITION OF LEEDS.

THE Report of Dr. Robinson, the Leeds medical officer of health, on the sanitary condition of that borough during last year, is, unless we are mistaken, the second Report only of his which has been published since his appointment in 1866. Of course he has made Reports for intermediate years, but for some unexplained reason the corporation appear to have withheld them from the public. We conclude that a wiser policy has at length recommended itself to the corporation, who have probably discovered that little advantage is gained by concealing for a time facts that must eventually come out. Leeds last year was one of the most unhealthy of the seventeen largest English cities and towns. In the September quarter more than half the registered deaths resulted from diarrhœa alone; while in the whole year enteric fever was considerably more fatal than in either of the preceding four years. Thus two of the most prominent zymotic diseases of the year were those which specially indicate local sanitary defects. What the nature of the Chancery injunction which precludes the corporation from carrying out certain improvements may be we do not gather from Dr. Robinson's Report; it is sufficient that he indicates as a cause contributing largely to the propagation of zymotic disease "the retention and perpetuation of the common privy system in its worst form." The inevitable "sewage question" cannot be shirked in a town of 259,000 inhabitants, and the Leeds corporation will be ill-advised if they longer delay grappling with it. An epidemic of relapsing fever broke out in Leeds last year, and, although only 13 deaths were referred to this disease, upwards of 360 cases came under notice. Scarlet fever was comparatively less fatal in Leeds than in many other of the large towns; it caused, however, 339 deaths out of a total mortality of 7333; and in reference to these fatal cases, Dr. Robinson found that in 221 instances either the actual sufferers or members of their families had visited infected houses, 67 of the deceased had attended infected schools, and 15 had played with infected children. How to reconcile the effective isolation of communicable disorders with our English notions of individual freedom is a terribly perplexing question.

THE CARDIFF WORKHOUSE.

IT is gratifying to observe that an increasing number of medical officers are presenting annual reports to their respective boards of guardians as to the state of workhouses. The publication of such reports provides a far more effective guarantee for good administration than the visits of inspectors and guardians. Dr. Sheen's report on the Cardiff Workhouse is a case in point. It gives a full account of the cases of sickness and of the causes of death. He observes that the mortality is high, and that it might probably be reduced by more efficient nursing. Under Dr. Sheen's management a great reduction has taken place in the consumption of wines and spirits, and he states that this reduction has been effected without any detriment to the sick. During the year a new sick dietary has been adopted; the sick wards have been supplied with graduated measures, prescription and diet cards; none but paid nurses now administer medicine; the tea is now made by infusion, and not by boiling—a practice far too common in workhouses; a pair of sheets have been allowed to each bed, in place of one sheet only; the sick and infirm wards have been supplied with earthenware in place of tins; a disinfecting apparatus has been erected. By the assistance of some friends, Dr. Sheen has established a library, and has obtained some pictures for the sick wards; and, in conclusion, he points out to the guardians the false economy of allowing the sick pauper to drag through a weary convalescence, or to drift into chronic disease or death, for want of proper means of treatment. The guardians are erecting a new infirmary, and he hopes that they will improve the nursing by increasing the number of paid nurses.

OLD OFFICERS AND NEW ARRANGEMENTS.

THE Brighton guardians are in a difficulty similar to that of the Islington guardians a few months ago. The workhouse sick are 200 in number, and some of the guardians think that the patients would be much better attended to by a permanent resident officer. They say that such an officer of high talent would be procurable at £150 a year with board, apartments, &c. It may reasonably be questioned whether high professional talent is so cheap and plentiful as this estimate would imply; but one or two considerations certainly ought to be entertained by the Officers' Duties Committee, to which this matter has been again referred. The poor have natural feelings of preference for a man of standing in the town, and who has been long accustomed to advise them. It is very doubtful whether it would be right to commit 200 sick patients to the sole care of one man who can only in the nature of things be comparatively young and inexperienced. Such a charge is essentially a hospital charge, and must involve a constant occurrence of serious cases and circumstances, making two opinions desirable. We put consideration to an old servant last, as inferior in importance to that due to the sick poor and to ratepayers, but one that no body of men loses by entertaining.

HEALTH OF THE EMPEROR NAPOLEON.

WE have much pleasure in adding to our last week's announcement as to the health of the Emperor Napoleon the authoritative confirmation of his physician, Senator Dr. H. Conneau:—

"Chislehurst, Camden-place, le 5 Mai, 1871.

"Le Sénateur Dr. H. Conneau presente ses compliments à Monsieur le Redacteur du journal médical THE LANCET, et le remercie de l'intérêt qu'il témoigne pour son illustre client. L'Empereur a souffert de douleurs rhumatismales, dont j'espère voir la termination bientôt. Il est sorti à pied dans le Parc de Camden-place aujourd'hui, et s'en est trouvé très bien. Le Dr. Conneau est très heureux d'annoncer cette circonstance à Monsieur le Redacteur du LANCET."

DR. PARKES AND THE UNIVERSITY OF LONDON.

WE are glad to be able to announce that Dr. Parkes was, at the meeting of Convocation of the University of London held on Tuesday last, placed at the head of the list of three gentlemen to be submitted to Her Majesty for the selection therefrom of a Fellow of the University, by a majority of no less than 250 votes. Mr. Waley obtained 346, Dr. Weymouth, D.Lit., 190, and Dr. Parkes 593.

CHOLERA IN SHIPS AT SEA.

ON Wednesday evening, the 10th inst., at the Epidemiological Society, Inspector-General Lawson read a paper on the occurrence of Cholera in Vessels at Sea. The paper was of a very elaborate character, containing a mass of

details, and illustrated by some excellent maps, showing the origin and progress of the disease in various transports at different stages of the voyages made by them. The author, in analysing the various occurrences set forth in his paper, pointed out their bearing upon the views published by him in "Pandemic waves." At the conclusion of his reading of the paper there was little or no time for discussion, and this was deferred until the next meeting of the Society.

SMALL-POX IN OUR COLONIES.

WE understand that small-pox prevails to a certain extent at the present time in China, Japan, and the Mediterranean. In China the disease has been hitherto confined to the black troops and the civil population. At Malta several cases, generally mild in character, have occurred among the troops, and a still larger number among the civilians.

THE Marquis of Westminster presided on Wednesday at a meeting in Willis's Rooms in aid of the funds of St. George's Hospital. The annual deficiency, he stated, is never less than £5000—a sum which it was surely within the power of the opulent district in which the hospital stood to make up. Lord Shaftesbury, Lord Penrhyn, the Duke of Argyll, and Lord Cadogan followed, in support of resolutions enforcing the necessity for improving the financial situation, and pledging the meeting to spare no effort towards rescuing the hospital from insolvency, and the district from the stain on its liberality.

THE Pope is said to be suffering from what his physicians give out as "ascending paralysis." He continues to receive visitors, but his general prostration of strength is admitted by the prelates; and, according to the latest accounts, he grows feverish every night, and is weak and desponding during the day. In another month he will have completed the *annos Petri*—the twenty-five years which the "first Pope" saw, but which his latest successor may even yet be prevented from seeing.

AN inquiry has lately been held at Kidderminster by Mr. Holland, the Home-office inspector, as to the state of the burial-grounds in the borough. Medical testimony established the fact that offensive smells from the churchyard of St. Mary's were frequently experienced at the infirmary, which is near at hand; and there being no opposition on the part of the church authorities, it is understood the churchyard will be closed.

M. LONGET, the eminent physiologist, whose doctrines have been so vigorously combated by Dr. Brown-Séquard, has just died at Bordeaux, aged sixty-eight. M. Longet was member of the French Institute and of the French Academy of Medicine. His death, which was sudden, is ascribed by his friends to shock produced by the deplorable news from Paris. Some notice of him will appear in our next.

MR. T. M. BALFOUR (from Harrow School) and Mr. T. H. Carpenter (private tuition, son of Dr. Carpenter, the physiologist) have been elected to foundation scholarships for Natural Science at Trinity College, Cambridge; and Mr. Clough (from Rugby School) has been elected to an exhibition for Natural Science at St. John's College, Cambridge.

THERE is a vacancy in the coronership of the southern division of the county of Wexford. We hope the electors will appoint a medical coroner. They have an excellent candidate in the person of Dr. C. J. Denny.

THERE is likely to be some active competition for the new appointments on the surgical staff of St. Thomas's Hospital. The members of "The Grand Committee" are said to deprecate any sort of canvass, so that it is to be hoped that the right men will be found in the right places. The candidates include Mr. Wagstaffe, Mr. Bellamy, Mr. Barwell, Mr. Johnson Smith, Mr. Arnott, Mr. Spencer Watson, and Mr. Bond.

MR. GOSCHEN'S Local Taxation and Local Government Bills were both withdrawn on Monday night, while Sir Charles Adderley gave notice the following evening that, on the 5th of June, he would move for leave to bring in a Bill to consolidate and amend the laws relating to Public Health and Local Government in England and Wales (exclusive of the metropolis).

AT Cambridge, Dr. Michael Foster, the Trinity Prælector in Physiology, commenced on Monday a short course of lectures, to be continued daily at 11 A.M., and open to all members of the University, "On the Elements of Embryology." The University has just conferred on Dr. Foster an honorary degree in arts.

THE Edinburgh University Club held its quarterly dinner on Wednesday evening at St. James's Hall. The Right Hon. E. S. Gordon, M.P., Q.C., occupied the chair. The attendance was considerable, and the proceedings were as thoroughly enjoyable as on previous gatherings of the club.

DR. ACLAND will deliver a lecture on "The National Health" at the Collége of Physicians on Friday, the 2nd of June; and Dr. Guy, "On War in its sanitary aspects, with special reference to the period from 1793 to 1815," on the 7th, 9th, and 14th of June.

A SELECT COMMITTEE of the House of Commons has been appointed to inquire as to the best means of preventing the destruction of the lives of infants put out to nurse for hire by their parents.

DR. ARTHUR JACOB, the distinguished ophthalmologist, has presented to the Royal College of Surgeons in Ireland such portion of his medical library as the Council may deem fit to accept.

HER MAJESTY THE QUEEN has been graciously pleased to intimate that she will open the new St. Thomas's Hospital towards the end of June.

YELLOW FEVER in the Brazils is proving fatal to 700 victims per day, among them being the eminent physician, Dr. Roque Perez.

UNIVERSITY OF LONDON.

THE annual meeting of Convocation was held on Tuesday last, and for the first time in the large theatre of the new building in Burlington-gardens. There was a large number of members present. Dr. Storrar took the chair at 5 P.M. The report of the Annual Committee of Convocation, whose adoption was moved by Dr. Fagge, and seconded by Mr. Charles, was a particularly brief one, and several resolutions based upon it were passed. The report informed the graduates as to the steps which had been taken in accordance with a resolution passed by Convocation the year before to make the new building available for the better promotion of the principles and objects of the University, and for associating more closely than has hitherto been

possible the members of the University. As the result of a conference between the Senate and the committee of the Annual Committee, it has been decided that a room to be styled the Common Room is to be set apart, under regulations to be prescribed by the Vice-Chancellor, to members of the Senate, members of Convocation, all graduates not of convocation standing, to the registrar and assistant-registrar, and the examiners. At present the source of the funds necessary to ensure the comfort of those using this Common Room has not been indicated, and the whole subject of the fuller utilisation of the new building for the purposes of the University, and the possibility of obtaining a more complete transference of the buildings into the possession of the University authorities, was referred again to the Annual Committee. Mr. Charles alluded, in seconding the report, to the question of medical reform, and the mode in which graduates would have been affected by the Government Bill of last year. This led to a short discussion, the general tendency of which went to show the existence of a disposition on the part of Convocation to admit the advisability of making certain reasonable concessions in order to secure the adoption of the one-portal system, and through it a high standard of medical education. Dr. Anstie explained the provisions of THE LANCET Bill as bearing upon this question, and pointed out that unless the Universities led the way in conceding certain points, it would be impossible to secure the latter object. Dr. Storrar explained that the Senate did not raise any objection to requiring graduates to undergo a State examination before admission to the Register, but they did to the demand that the University should not be allowed to grant its degrees to candidates till they had passed an examination by some other body. In Germany the authorities had never enforced the passage of the State examination before the taking of their degrees by individuals (though they did require the former before registration), and he declared that there was not a single member of the Senate who was prepared to concede so much as that. The subject then dropped. A motion by Dr. Bond, affirming that it is undesirable to retain Greek as a compulsory subject at the Matriculation examination, was, after a good deal of discussion, lost. Some other matters affecting specially the legal and arts sections of the University being disposed of, Convocation adjourned. A good deal of dissatisfaction was expressed that no voting paper for the Senatorial list could be obtained in the room. But the chairman stated that, in order to prevent mistake, one voting-paper alone was allowed to each member of Convocation; it had been sent to each member by post, and no more could be given. The result of the election is referred to elsewhere.

On Wednesday the conferring of degrees and distribution of prizes to the successful candidates at the examinations during the past academical year took place. The Chancellor, Earl Granville, made some general remarks on various topics connected with the University. He stated that the legal difficulties in the way of the administration of the Brown Trust were practically at an end. A site had been obtained for the institution to be founded under the provisions of Mr. Brown's will; Mr. Cunliffe having given £2000, Mr. Heywood £100, and the Chancellor of the Exchequer £100, for the purchase of the site, and he believed that very shortly an institution for the study and treatment of the diseases of animals would be established, and in such a way as to render great service to veterinary science, and indirectly to man himself. The Chancellor referred in terms of congratulation to the election of Dr. Carpenter as President of the British Association; to the fact that there were now some fourteen graduates in Parliament, including Mr. Stansfeld, Mr. Grant Duff, and Mr. Winterbotham; and to the establishment of a common room, which will tend to encourage social intercourse and an *esprit de corps* that would give union and strength to the University. He informed his hearers that there was unlimited room existing in the building for books, and wished it to be known that gifts of books would be very welcome. Lastly, he referred to the absence of Mr. Grote, the Vice-Chancellor, through illness, and to the portrait of that gentleman now hanging in the Academy, before being placed to adorn the walls of the University building, and he eulogised the portrait as conveying very admirably "the intellectual power, the mild firmness, and the devotion to duty" which were the characteristics of the Vice-Chancellor. He concluded with a few words of congratulation to the successful and of encouragement to the unsuccessful candidates. In answer to repeated calls, Mr. Lowe rose to his feet, and addressed a few pithy words to the audience.

THE SMALL-POX EPIDEMIC.

THE fatal cases of small-pox in London, which, in the three previous weeks had been 265, 276, and 261, rose last week to 288, the highest weekly number that has been touched during the present epidemic, and almost three times as high as the largest number returned in London in any week of the several epidemics, or outbreaks, that occurred during the 31 years 1840-70. In nine permanent and temporary hospitals for this disease 94 deaths were recorded last week, of which 36, 35, and 8 occurred respectively in the institutions at Hampstead, Stockwell, and Homerton. After distributing these deaths among their proper districts, it appears that 30 deaths from small-pox last week belonged to the West group of districts, 81 to the North, 18 to the Central, 51 to the East, and 108 to the South. The fatal cases declined last week in the Central districts, but increased in each of the other groups. The highest death-rate from small-pox was shown in Somerstown, Bethnal-green, Mile-end Old Town, Southwark, Newington, Clapham, and Battersea; in the latter subdistrict, of 31 deaths 14 were referred to small-pox.

From the returns of the Poor-law authorities there would seem to be a great diminution in the number of fresh cases reported last week, and we believe that, in consequence, the General Purposes Committee of the Metropolitan Asylums Board do not intend to comply with the recommendation of the Poor-law Board that they should provide further hospital accommodation to the extent of 700 beds. In the meantime, the managers have resolved to erect six tents on vacant ground at Homerton, and are in negotiation for a site at Peckham. The *Dreadnought* is now occupied by 200 convalescent patients, and so admirable is the ventilation that it is thought the number might be considerably increased without danger. In olden time she carried an admiral and probably a thousand men, besides stores, guns, and ammunition.

SMALL-POX IN LIVERPOOL.

There appears now to be a slow but steady decline of the small-pox epidemic in Liverpool. The admissions to the parish hospitals decrease as well as the mortality and the number of patients under treatment. Nevertheless, the virulence of the epidemic is still greater than that of London, and the number of deaths (55 in the week) is high.

THE VACCINATION COMMITTEE.

AFTER detailing the cases of vaccinal syphilis, Mr. Jonathan Hutchinson expressed his faith in vaccination in the strongest terms. He informed the Committee that the danger of vaccinal syphilis was infinitesimally small, that he had vaccinated all his own children, and should continue the practice. He was of opinion that the stringency of the law should not be relaxed; but that it should be an object of legislation to surround the operation with every possible safeguard. Amongst other provisions for preventing the introduction of syphilis, he would prohibit the taking of lymph from any first-born child, and recommend that it should in all cases be taken from second or later children, in families of which the eldest had enjoyed a good state of health. This would reduce the probability of transmitting syphilis by vaccination to the very lowest point.

Dr. Seaton pointed out that the result of general vaccination is to reduce the mortality from small-pox amongst children under five years of age. In Scotland the infantile mortality had been reduced from 75 or 80 per cent. to 55 per cent. Since the introduction of the Vaccination Act in Greenock the mortality of children under five years of age had been further reduced to 36 per cent., and in Glasgow it was now down as low as 28 per cent.

Correspondence.

"Audi alteram partem."

MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I wish, with your permission, to make a few observations on the subject of Medical Reform, which is now attracting so much interest, and which, it is to be hoped, will soon become the object of efficient and permanent legislation. I shall not be suspected of any immoderate love of change, or any desire to diminish the just influence, and as I think the deserved prosperity, of the two great London colleges; for, at the meeting held under Mr. Cock's presidency at the College of Surgeons, I strongly opposed a resolution proposed by men with whom, in many respects, I sympathised, but which threatened, as I thought, the prosperity of the College of Surgeons. Nevertheless, the corporate bodies are only important and valuable in so far as they promote and represent unity in the members of the profession, and in so far as they secure to the public that which is to the public the essential point in medical reform—viz., a sound and sufficient education.

Taking the latter point first, as it is beyond question the more important, no one now denies, as far as I see, that there must be only "one portal" to the practice of medicine—viz., through an examination conducted under the authority of the State, and embracing all the main branches of medical knowledge, and that this examination must be uniform over all the British dominions. Nor would there be any serious or irreconcilable difference as to the scheme of examination. It is when we come to the method of selecting the examiners that the divergence of opinion begins. Three methods have found favour. The first, which would, I think, have been welcomed as a great advance some years since, is to confide the selection of examiners to the various medical corporations; the second confides this selection to the "Medical Council"—a central governing body to be elected partly by the State, partly by the medical corporations, and partly, as some propose, by general election in the profession; and the third entrusts the same task to the State—i.e., in practice to the medical adviser of the Government. In all plans of reform it is, I think, provided that the electors and elected shall be different persons. Thus should we, at any rate, secure two great advances on the present system—viz., (1) uniformity and sufficiency of examination, and (2) absence of all opportunity for corruption in the selection of examiners. With regard to the disputed point as to the mode of selection, I must confess that I do not regard it as of that supreme importance which some attribute to it. Under even the most corrupt administration of the most corrupt system, when the Council of the College of Surgeons elected and re-elected themselves examiners for life, no one ever questioned the personal competence and fitness of the Court of Examiners. The standard of examination was deplorably low, but this could not be the case in future, since the examiners would be acting under a uniform system, properly supervised. I think, therefore, that if the various medical authorities could agree on such a distribution of their privileges of election as would be satisfactory to the public, the task might very safely and advantageously be handed over to them; while, if the difficulty of settling their individual claims should render this "amalgamation scheme" abortive, then, after a given time, the election should be placed in the hands of the General Medical Council, as proposed by THE LANCET Bill and by the scheme previously propounded by Mr. Charles Hawkins. The difference in working between the two methods is really trifling. In the amalgamation scheme the examiners in surgery would be appointed (mainly or entirely) by the Council of the College of Surgeons; in THE LANCET scheme they would be appointed (mainly or entirely) by the surgical members of the General Medical Council; but the character and position of the electors would, in either case, be nearly identical. Their exposure to (or rather, I hope I may say, their freedom from) motives of personal interest or corruption would be nearly the same, and I venture to say that almost the same persons would be elected; at any rate, that the public would feel no difference whatever. And the same may be said of all the other classes of examiners. Nor should I even feel any especial repugnance to Government election, if we could always be certain of having, as at present, a competent and honourable man as medical adviser to the State department charged with this function. However, I entertain the old English preference for publicity as compared with official management, and therefore I regard this third scheme as undeniably inferior to either of the others. My advice on the whole matter, to those charged with a measure of medical reform, would be not to let this point stand in the way, but to give the medical bodies another chance of amalgamating for the election of an examining board, and, in case of failure, adopt the plan proposed in Section 20 of THE LANCET Bill.

The composition of the governing body of the profession—the General Medical Council—is the only other question which could create a serious obstacle to speedy legislation; and on this question also I am optimist enough to think that the difference, if looked at closely, is not very great. The Government must and will have its share; the corporations must and will have their shares.* The questions which remain are—1. Should the general body of the profession be directly represented? And 2. What should the number of the Council be, and how should the shares be apportioned?

On the first head I hope I am not exposing myself to a charge of illiberality if I say that I see no good whatever to be gained from an election by the bulk of the profession into the General Medical Council. I would, if it be thought best, give a share in the election of the governing bodies of the various colleges to the Members as well as Fellows, and thus bring the influence of the whole profession to bear on the electors of the Medical Council; but I think that the interest taken in these elections would be very languid, and that comparatively few would vote. Further, I think it would do rather harm than good, and act, if at all, more as a premium on puffing and advertising than anything else. However, believing as I do that its effects any way would be slight, I should no more oppose it vehemently than support it, and I would far sooner concede that point than I would see the Bill delayed. In fact, I would refer it, together with the remaining subject—i.e., the number of the Council, and the shares to be assigned respectively to the Government, the corporations, and the medical public (if any)—to a small commission, to be elected by the Privy Council or Home Office, and ordered to report in a month. Two laymen and three medical members would be amply sufficient, and I venture to think that we should all do wisely to accept any solution of these minor matters which comes to us recommended by impartial and respectable authority. THE LANCET Bill, Mr. Charles Hawkins's, and Mr. Brady's are so far identical that any one of them would have been accepted with gratitude a few years ago; they all secure the main objects for which medical reformers have been so long contending, and why should we waste time in trying to attain minor advantages, some of which are perhaps unattainable, and others can very likely be secured hereafter under any scheme which would work well? For instance, in your leading article last week you appear to look forward to some method of introducing party action into the Medical Council. I doubt much whether any method of composition could introduce into a scientific council that discipline which the struggle for power generates in a governing assembly. But, on the other hand, more efficiency in action could perhaps be easily secured in a large Council, like the present, by breaking it up into subcommittees, the members being interchanged frequently.

I should have liked to say a few words about some of the minor details, but it would be too great a trespass on your space. Perhaps I should apologise for having obtruded my own opinions on your readers at all, but I thought that, though of no influence or importance in themselves, they might be of some interest as representing (which I believe they do) those of a large section of the profession, who are most anxious to secure the great advantages above pointed

* I believe I am correct in assuming that the provision in Mr. Charles Hawkins's scheme, by which the corporations would be entirely excluded from a share in the composition of the General Medical Council, is regarded (apart from any abstract question as to its justice) as not feasible in the present state of opinion.

out, for which we have long been looking (and for which, if we ever attain them, we shall owe a large debt of gratitude to THE LANCET), and not to lose them, or even much delay their attainment, while fighting over minor matters. I am, at the same time, most desirous to secure our existing institutions from any unnecessary damage, and to give them all the share in medical education and government to which they can fairly lay claim. But they have been long in the field, and are quite competent to look after themselves. I hope that the three plans above referred to will very shortly be amalgamated (either by the machinery I have suggested, or by any other), and that the present session of Parliament will witness the passing of a Bill securing their primary and essential provisions.

I am, Sir, yours, &c.

Clarges-street, April 26th, 1871. T. HOLMES.

THE SPEEDY CURE OF GONORRHŒA BY LOCAL TREATMENT ONLY.

To the Editor of THE LANCET.

SIR,—Will you allow me to lay before the profession, through your columns, the highly successful results that I have obtained in the treatment of this disease by *local* means *only*. It has long been a matter of surprise to me that a complaint like gonorrhœa, owing its origin to a *purely local* cause, and usually unattended with any constitutional disturbance, should ever have been treated by any other than *local* remedies. Under the plan of treatment that I have adopted, I find that, as a rule, the discharge ceases on the third or fourth day, sometimes even sooner. In only two cases has it continued beyond a week, and in both these cases the patients admitted that they had not used the injection regularly. Never, in any instance, and I have always inquired particularly on this point, has the use of the injections been attended with pain or inconvenience. I wish to draw particular attention to this face, as many authorities on this subject—Sir Astley Cooper included—caution us against their *early* use. The very unsatisfactory results that have hitherto followed this mode of treatment are, I believe, owing to injections of much too powerful and irritating a nature having been employed, and ought not, I think, to prejudice us against their judicious use. The injection at first employed should not be too strong—two grains of sulphate of zinc to one ounce of water I usually find answers very well. I generally direct it to be used four times a day, this being as often as most persons have the opportunity; but, when convenient, I think it desirable that it should be used more frequently. I always impress particularly upon these patients (and this cannot, I think, be too strongly insisted upon) the importance of continuing the use of the injection for a week at least after the discharge has entirely ceased, and that it should not be left off *suddenly*, but *gradually*. I believe that *gleet* and *stricture* will very rarely, if ever, occur after this mode of treatment.

I am, Sir, yours obediently,

Leeds, April 10th, 1871. PHILIP FOSTER, M.D.

OUT-PATIENT HOSPITAL ADMINISTRATION.

To the Editor of THE LANCET.

SIR,—The injury sustained by the general practitioners of the metropolis, and probably also of most of our other large towns, by the abuse of the out-patient department of hospitals and dispensaries has been, I fear, at present insufficiently realised, or there would have been no need for the earnest appeal for funds to meet the expenses of the committee appointed last year to inquire into and report upon the subject.

For myself, I can state that, though I have paid some attention to the kindred question of Poor-law medical relief, I had but an imperfect notion of the evils that were inflicted on the profession; indeed, it was not until I had been asked to second one of the resolutions at the late meeting in Berners-street that I was induced to look into the statistics of the subject, and then, to my astonishment, discovered that so vast a number as upwards of a million of cases of disease were annually seen at these institutions; I state upwards of a million, because I have good reason to believe that a correct return would show even a much larger amount than the figures I quoted, this being (exclusive of the 200,000 cases of disease attended by the district medical officers) above a quarter of a million more than the total of all the cases attended by the 786 dispensary physicians in Ireland, where it has been asserted there exists great abuse of such relief.

To suppose for a moment that all this large amount is made up of really necessitous persons is simply absurd. A careful investigation would probably eliminate three-fourths, certainly one-half; it will therefore be evident that a very large sum of money is abstracted from the pockets of the profession, to be expended on feminine finery and indulgence, and, to a great extent, on coarse and debasing gratifications for males of the artisan and lower middle-class.

At the meeting to which I have referred, a resolution was adopted to memorialise the President of the Poor-law Board, &c. Now it appears to me that it would be far better to form an association, with the avowed object of persistently agitating for removal of these abuses. The action of such association I would not limit solely to the metropolis, for, as I have before stated, in several of our large towns exactly the same thing, though in a lesser degree, is complained of. Could five district medical officers even nominally attend the sick poor of the large parish of Birmingham if their duties had not been supplemented to a considerable extent by the gratuitous assistance of the numerous so-called medical charities of that town?

Granted such an association was formed, a subscription of 2*s.* 6*d.* or, at the most, 5*s.* would be amply sufficient to provide all necessary funds. These, my experience tells me, would be readily forthcoming if the facts of the case, as yet imperfectly appreciated, were brought fairly before the rank and file of the profession.

I could give many reasons showing the necessity for such combined action, but this communication has already exceeded the limit I had intended.

I am, Sir, yours obediently,

Dean-street, Soho, May 8th, 1871. JOSEPH ROGERS.

CHLORAL HYDRATE.

To the Editor of THE LANCET.

SIR,—I have read with much interest Dr. Crichton Browne's notes upon "The Inconveniences and Dangers of Chloral Hydrate," and he may be pleased to read my memoranda of a case which I have had under my care during the last five weeks, as it in many points confirms his valuable observations.

Mrs. R——, aged twenty-four, the wife of a well-to-do mechanic, applied to me about five weeks ago complaining of violent headache and general debility. She stated that terrifying dreams prevented her from sleeping at night; she often woke up screaming. During the day she suffered from a continual throbbing of the head and pain down the spine. I prescribed a tonic mixture, two tablespoonfuls of which was to be taken twice a day, and the following prescription: chloral hydrate, one drachm and a half; syrup of tolu, six drachms; peppermint-water, six ounces: two tablespoonfuls to be taken at bedtime each night. I ordered good nourishing diet. The effect of the chloral hydrate mixture was to produce several hours' sleep the first night, and continued sleep every subsequent night for more than a fortnight. Her general health improved daily during this time. At the termination of it she complained suddenly of sore-throat, swelling at the parotid and submaxillary glands; her face became bloated out, and her face, shoulders, and chest were intensely red, suggesting the appearance of scarlet fever or a mild attack of erysipelas. I thereupon discontinued the night medicine, prescribing some castor oil immediately, and a mixture containing chlorate of potash and dilute hydrochloric acid; and cauterised the tonsils. She was well again in a couple of days. I ordered her again to continue the tonic, and as she had found such benefit from the chloral hydrate she asked to continue it. I again ventured, but only to see her a second time suffering from its effect in a more aggravated form, being now covered from head to foot with urticaria, with an intense scalding pain in the

eyes, and a continual running of a semi-opaque fluid from them, which seemed to be dried up as soon as it reached the cheek, as if from the intense heat on the surface. I had recourse to my former treatment, which alleviated all pain, and my patient has now sufficiently recovered to be removed for change of air.

From the observations I made in this case, it appeared as if the chloral hydrate acted, first, upon the nervous system and lessened its power and that of all the muscles, and especially the muscular structure of the arterial system itself; and, secondly, allowing the blood-vascular system (especially the capillaries) to become gorged with blood and congested, and thus the redness and symptoms described.

I am, Sir, yours truly,

Folkestone, April, 1871. JOHN CHAPMAN.

"STRANGE COURSE OF A UTERINE SOUND."

To the Editor of THE LANCET.

SIR,—The interest I attach to the observations of Dr. J. Matthews Duncan and Mr. Lawson Tait, in THE LANCET of the 29th inst., in reference to the "strange course of a uterine sound," induces me to refer you to the joint case of M. Foltz and M. Petrequin, and read by the former gentleman at the Lyons Medical Society.

Instead of a sound, however, a female catheter had been used in this instance for the purpose of inducing premature labour between the sixth and eighth week of pregnancy. During the operation the instrument escaped from the hand, and could not be recovered. Eighteen weeks afterwards it was extracted through the umbilicus, where it had eventually found its way. No bad symptoms appear to have followed this singular migration, and *primâ facie* serious accident. This case corroborates Mr. Tait's experience that a sound, or similar instrument, may be passed through the uterine wall with impunity. There are also other instances recorded which I cannot at this moment accurately refer to, tending, as far as my memory serves me, to Mr. Tait's opinion. On the other hand, I am acquainted with an instance of a now distinguished medical man, whose name for obvious reasons I am bound to omit, having in his earlier career accidentally passed a sound through the fundus uteri, with the melancholy result of losing his patient from peritonitis, solely thus induced.

Notwithstanding the testimony of Mr. Tait, it is not unreasonable to conjecture, independently of the few fatal cases recorded, that puncturing he uterus, and necessarily the peritoneum, must more frequently be followed by grave consequences than otherwise. It is needless, almost, to add that unsuccessful results form a small percentage of the cases reported in our medical journals, and thus our opinions are apt rather to be based on exceptions than the rule.

I am, Sir, your obedient servant,

WALTER WHITEHEAD, F.R.C.S. Edin.

Oxford-road, Manchester, April 30th, 1871.

ON THE ACTION OF LIGHT IN SMALL-POX.

To the Editor of THE LANCET.

SIR,—In your issue of February 4th, Mr. J. H. Waters, in an article on the action of light in small-pox, attributes to Weber's researches in æsthesiometry the demonstration that "it is those parts exposed constantly to light that are most sensitive." Passing over the circumstance that Weber's æsthesiometer is not "a pair of compasses" (that form of the instrument having been first used by a countryman of your own), permit me to call Mr. Waters's attention to the fact that by far the most sensitive part for distinguishing the tactile impressions of which he speaks is the tip of the tongue, which is not by the majority of persons "exposed constantly to light." The plantar surface of the foot is much more sensitive than the skin of the back, between the shoulders, which, in the other sex at least, is much oftener exposed to light. Reference to Weber's tables will show numerous other instances in opposition to Mr. Waters's hypothesis.

I am, Sir, your obedient servant,

New York, March 28th, 1871. A. L. CARROLL, M.D.

THE PUBLIC SCHOOL LATIN GRAMMAR.

To the Editor of THE LANCET.

SIR,—The notice of the Public School Latin Grammar in your journal of May 6th contains two statements, one of fact and one of criticism, which I ask permission to correct. In speaking of the Appendix it is said, "also, we presume, from Professor Munro." I do not know why this is supposed. The Appendix is my own, but on p. 485 I insert, as a note, an extract of a letter to me from Professor Munro. Again, it is said, in speaking of the Etymology and the Syntax, that "features of greater novelty, as well as of greater use, have been introduced into the former." Both parts, I hope, have, in their place, equal use. But it is especially for the Syntax of the Public School Grammar (including of course its precursors, the Elementary Grammar and the Primer) that originality is claimed. Any scholar who will take the trouble to compare the sections on the Simple Sentences, on the Accusative, the Infinitive, and the whole chapter on Compound Sentences, with the same subjects in other grammars (Zumft, Madvig, Donaldson, &c.), will at once perceive that the treatment of these is in many important respects essentially different, and peculiar to the Public School Latin Grammar. Whether that treatment is right or wrong, is not the question I raise. All I say is that it has distinct features of originality and "novelty."

I am, Sir, your obedient servant,

THE EDITOR OF THE PUBLIC SCHOOL LATIN GRAMMAR.

Cambridge, May 8th, 1871.

*** Our surmise as to the extent of Professor Munro's contributions to the Public School Latin Grammar is shown by Dr. Kennedy to be inexact, and we cheerfully bow to his correction. But we still hold the first part of Dr. Kennedy's book, for its admirable exposition of the system of stem-flexion, to contain more novel and more useful features in a Public School Latin Grammar than the second, with all its undoubtedly ingenious refinements on the traditional rules of Latin syntax.—ED. L.

DEFECT OF HEARING IN DIPHTHERIAL PARALYSIS.

To the Editor of THE LANCET.

SIR,—In the discussion of the case of diphtherial paralysis brought forward by Dr. Greenhow at the Clinical Society, Dr. Jackson is reported as stating that "he had heard of but one case of defect of hearing in diphtherial paralysis." A few weeks since a severe case was under my care, which proved fatal. The muscles of the pharynx were first affected, and the next day a slight difficulty of hearing was noticed, which increased *pari passu* with the other symptoms. The immediate cause of death appeared to be suffocative catarrh, due to the loss of power of the muscles of respiration. Dr. Slack saw the case in consultation, and took the same view of the case. I have have attended over fifty cases of diphtheria, and this is the only case which was complicated by paralysis.

I remain, Sir, yours faithfully,

Leamington, May 8th, 1871. JAMES THOMPSON, M.D.

HAIR FOUND IN THE STOMACH.

To the Editor of THE LANCET.

SIR,—In your report of the Clinical Society last week you mention a case of hair found in the stomach, occurring in the practice of Dr. Godfrey, of Enfield. Now although the specimen came from me to the President, the case did not occur in my practice, but was under the care of Mr. Carver, surgeon, of Enfield Highway, who kindly called my attention to it on the day of the post-mortem. I did not see the patient when living, but only on the day of the post-mortem. He kindly allowed me to take away the specimen to examine and keep. This I did, and found other extraneous materials besides hair.

I am, Sir, your obedient servant,

Enfield, May 6th, 1871. B. GODFREY.

THE CASE OF DR. DEFRIEZ.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me to state that I shall be happy to receive subscriptions from local practitioners on behalf of Dr. Defriez, whose case was mentioned at the last meeting of the Society of Union Medical Officers.

I am, Sir, your obedient servant,

WM. WOODWARD, M.D.,
Local Secretary for Worcestershire.

Worcester, May 8th, 1871.

IRELAND.

(FROM OUR SPECIAL CORRESPONDENT.)

MEDICAL SUPERANNUATION ACT.

AT a late meeting of the guardians of Tipperary Union, Dr. Bradshaw, late medical officer, was allowed £50 per annum superannuation, being equal to one-half of his former salary. Dr. Bradshaw served faithfully as a dispensary medical officer for twenty-two years, and it was an ungenerous act to refuse him the sum he asked for—viz., two-thirds of his salary. Indeed, some of the guardians, Lord Lismore among others, did not consider he was entitled to any retiring allowance. It is to be hoped that a modification of the present Superannuation Act will shortly take place, rendering it compulsory and not voluntary on the part of the guardians to give what every Poor-law medical officer is entitled to after a long service, and when incapacitated from old age or illness to perform his duties.

THE LATE MAURICE H. COLLIS.

A marble bust of this gentleman, who lost his life some time past by a wound received during an operation, has been placed in the hall of the Meath Hospital, to which institution he was for many years attached. The bust has been executed by Mr. Watkins, of this city, and is considered to be an admirable likeness.

ROYAL COLLEGE OF SURGEONS.

At a meeting of the College held on the 2nd inst., the following gentlemen were elected:—Examiners of Letters Testimonial and Fellowship: John Barker, Christopher Fleming, Benjamin Wills Richardson, M. Harry Stapleton, Edward A. Stoker, Joliffe T. Tufnell, Edward Stamer O'Grady. Examiners in Midwifery: John Cronin, John R. Kirkpatrick, William Roe. Examiners in General Education: Thomas Byrne, John Murray, and Edmund Nugent.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

The annual distribution of the funds at the disposal of this society will take place on the first Monday in June next, when it is to be hoped that the subscriptions for the past year will allow the directors of the society the opportunity of enlarging the number of those already receiving assistance.

The quarterly meeting of the committee of the Belfast Branch took place in Belfast on the 3rd inst., the chair being occupied by the permanent president, Dr. T. H. Purdon. The largeness and influential character of the meeting evidenced the increasing interest taken on behalf of a society whose objects are so truly benevolent, and so deserving of the best support, not only of the members of our profession, but of the public also, and which, I am happy to be able to say, it is experiencing in fair measure. The principal business of this meeting was the consideration of applications for grants at the ensuing annual meeting, to be held in Dublin on the 5th of June next. A letter was read from one of the Dublin honorary secretaries, requesting as early a statement as possible of the proceedings and subscriptions for the past year, in order that the Central Committee might be prepared with their report for the general meeting next month; and accordingly the secretary was instructed to supply the information requested. In connexion with the annual meeting of the parent society in Dublin, Dr. T. H. Purdon, and Dr. Browne, R.N., ex-mayor, were appointed to attend it as a deputation from the branch, after which the members separated.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

EXPERIMENTS WITH REGARD TO THE TRANSPLANTATION OF SKIN.

Dr. HOFMOKL, assistant in the surgical clinique of Professor Dumreicher, has recently had under his care a young woman, aged twenty-seven years, with a varicose ulcer, three inches long and two and a half inches wide, on the left leg, a little above the ankle. She came under treatment on the 30th January last, and continued from that date until the 6th of February to have bandages moistened with a solution of caustic potash (one grain to the ounce of water) applied, but the ulcer did not heal, although its surface became covered with granulations. On the 6th of February a patient with caries of the bones of the wrist had his hand amputated. He was a man of twenty years of age, and healthy with the exception of this wrist-joint. Eight minutes after the amputation, Dr. Hofmokl took up a fold of skin from the back of the amputated hand with forceps, and then with scissors cut out a piece of about the size of half a square inch. He then wiped the ulcer on the foot of the woman with lint, placed on it the piece of skin, and laid over that a small plate of wood, which he finally fixed with lint and plaster. The dressing was carefully changed at the end of twenty-four hours, and the transplanted skin was found already adherent to the ulcer, and with its natural colour unaltered. The ulcer was bound up again as at first, and a similar dressing repeated daily, only sponging the wound each time with tepid water. On the fourth day the surface of the new skin had a more chalky white colour than before, but held fast to the parts beneath. On the seventh day the epidermis on both edges of the flap detached itself from the flap in very transparent minute scales, and beneath appeared the papillæ as rose-red bodies. Only a strip of epidermis, about half a line broad in the middle of the flap, remained unshed. With the exception of this loss of epidermis, the whole flap remained firmly attached to the ulcer, and appeared, in reference to the remaining surface of the wound, as a beautiful island of skin projecting about half a line above it.

During more than ten days after this small independent centres of skin formation appeared in this small strip of epidermis and in the whole flap of skin itself, but a more active production of new skin did not begin before the fourteenth day of this latter period. The edges of the flap then began to blend imperceptibly with the granulating surface of the ulcer, while a new and tolerably rapid cicatrisation went on from the little epidermis strip.

The dressing applied consisted during the first four days of the plate of wood above mentioned; after that time sticking-plaster only was used, with a simple ointment of one grain of nitrate of silver to one ounce of lard, to prevent the plaster adhering to the skin-flap and so irritating it.

On March 11th the ulcer was entirely cicatrised, and by close examination the contour of the transplanted skin-flap could be still clearly distinguished. The cicatrix resembled any other fresh scar, except that part of the new skin-flap was decidedly firmer and more able to resist pressure than the tissues in its immediate neighbourhood.

Another transplantation experiment has been made by Dr. Czerny, assistant at the General Hospital. He placed a piece of epithelium from a freshly extirpated nasal polypus on the surface of a granulating wound, and found that the epithelium became united to the surface of the skin without losing its ciliated character. He has succeeded also in transplanting the skin of a lizard on to a frog, but has failed in effecting a similar transplantation of skin from animals of different species higher in the scale on to one another. However, still more recently a young Russian physician, in Professor Stricker's laboratory, has obtained union between a small piece of skin (not epithelium only) cut with scissors from his own thigh and a wound in the neck of a dog. On the seventh day the transplanted skin appeared on the red granulating surface as a white patch, of the size of half the cut surface of a split pea, and was entirely adherent to its new situation. On the tenth day

(April 7th) it was beginning to become vascularised. What will Mr. Darwin say to this latest fact in favour of his theory of the descent of man?

THE CIVIL WAR BEFORE PARIS.

(FROM OUR VERSAILLES CORRESPONDENT.)

La Chirurgie Conservatrice is the order of the day—resections both in the joints and the continuity of the large bones. The dressings are various; the most generally adopted are cold-water dressing and glycerine, the last Dr. Demarquay's favourite dressing. In one division they seemed to stick to old, and, in France, the time-honoured *pansement au vin aromatique*, a curious combination of styptics, aromatics, and wine. It is a pity that sponges should be so exclusively used in washing and cleansing the wounds. The cold-water dressings are in many cases supplemented, or, rather, superseded, by what is termed here *l'irrigation continuée*, established by means of variously contrived apparatus. Some rather ingenious ones were shown me in Dr. Bastien's division.

Dr. Demarquay, whilst reserving to himself the supreme command, has entrusted the commissariat department to the able direction of Mr. Colte, and divided the surgical work and more direct responsibility among several young surgeons of the rising generation, who, I understand, devote their time and skill gratuitously to the work. Foremost among them is Dr. Perier, assistant-surgeon to the Paris hospitals, and professor at the Faculté de Médecine—which, alas, seems for the present to be a thing of the past,—Dr. Harsé, an enterprising young Belgian surgeon, who manages to infuse some of his activity into his assistants, Drs. Dondemant, Hallé, MM. Redart and Decaisne, and others. The lay brothers and the sisterhood have been supplanted in the nursing department by a body of military *infirmiers*, much to the disadvantage of the patients. The change was ordered by the Commune, which is possessed with an instinctive hatred of anything relating to religion. The different permanent or sedentary ambulances belonging to the Committee, and scattered all over the town, were being gradually closed, the patients being sent, part to their own homes, the rest to the Longchamps Pavilions, where, notwithstanding the number of tents that were pitched to house the strongest amongst the convalescents, it was found necessary to increase the number of beds in each of the huts. This unfortunate civil war then broke out, and very rapidly filled up the few vacancies there happened to be.

Dr. Demarquay managed to *evacuate*, as the phrase is here, some 200 or more of his *blessés du siége*, and was thus enabled to place some 150 beds at the immediate disposal of the wounded National Guards. In the meantime he had very wisely cut down the number of beds in each ward to 21.

I hope in my next to be able to send you a description, with measurements and other statistical particulars, of the huts, and enter more at length into the strictly surgical view of the work done, and the results. While I am writing a strong cannonade is going on within a mile of the ambulances.

Obituary.

SAMUEL BARTON, J.P., F.R.C.S. ENG.

THIS gentleman was one of the oldest medical practitioners in the city of Manchester, having been a pupil of Abernethy at St. Bartholomew's, and received his diploma in 1811. In that year he commenced practice as a surgeon in Manchester, his residence being for many years in Mosley-street. In 1815, when the Eye Hospital was established, he was appointed surgeon to that institution, to which he devoted his best energies, and always took a deep and lively interest in its welfare up to his death. He received the distinction of senior consulting surgeon, and afterwards, in failing years, of honorary consulting surgeon, from his colleagues in that establishment. In 1844 he was made a Fellow of the Royal College of Surgeons of England. He was contemporary with the late Dr. Hull, Dr. Holme, Messrs. Wilson, Windsor, Thorpe, and others, and filled an honourable and conspicuous position, not only in his profession, but as an inhabitant of Manchester, for the last sixty years. Amongst the older surviving members of the profession he will be remembered for his extreme courtesy and delicacy of feeling. His figure and presence will be much missed amongst them and the inhabitants who had known him so long. It may be interesting to the profession to know that some years ago he published a paper on the treatment of certain injuries of the eye, with reference to accidental cataract, in which he recommended the extraction of the crystalline lens when injury was succeeded by inflammation, also the excision of the eye when it had been penetrated with gun-cap, or any foreign body that remained in it, to prevent sympathetic inflammation from destroying the sound eye. His knowledge of books and the fine arts generally was of no ordinary kind. The splendid collection of pictures and books of engravings which he had collected during fifty years of his life fully testify to the extreme good taste and mature judgment he possessed in matters of art. Several of his pictures were honoured by being selected for the Art Treasure Exhibition held in Manchester in 1857.

He died at his residence, Whalley Range, near Manchester, on the 16th ult., within five days of completing his eighty-second year, and his will has been recently proved in the Manchester District Court of Probate, and the personalty sworn under £100,000.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the primary examination in Anatomy and Physiology at meetings of the Court of Examiners on May 9th and 10th:—

J. H. Morgan, A. B. Dodd, C. S. de Lacy Lacy, C. B. Harcourt, J. Goodchild, R. Walker, and W. E. B. Athill, St. George's; G. W. Homan, J. Padman, T. F. K. Underwood, De Vere A. N. Irvin, C. E. Watson, W. A. Williams, and W. G. Irving, King's College; S. Morris, E. Tootell, V. D. Harris, C. Firth, W. Hugman, F. W. Barron, J. A. Miller, H. B. Vincent, and H. H. Stokes, St. Bartholomew's; C. Seymour, A. F. Galabin, W. H. A. Jacobson, and A. A. Beardsley, Guy's; D. Berry, R. Davis, and G. S. Dixon, Newcastle-on-Tyne; F. Priddle, J. Cooke, G. W. Glenny, and G. Morgan, London Hospital; W. H. Beresford, St. Mary's; H. Robertson, St. Thomas's and Toronto; A. H. Downes, C. Austin, J. M. Bromley, and H. T. Wood, University College; M. Balding, Cambridge and Middlesex Hospital; T. T. O'Brien, Dublin and St. Thomas's; G. Etheridge, Middlesex Hospital; F. A. Farr, Charing-cross; A. S. Underhill, Birmingham; C. W. Buck and T. Shaw, Manchester; M. Lubbock, Paris and Guy's; E. Stevenson, Edinburgh; W. C. Keates and F. J. Wright, St. Thomas's; D. S. Hughes, Birmingham and Westminster Hosp.; C. C. Watson, Aberdeen and St. George's; J. L. Ellis, H. G. Dixon, W. B. Woodward, T. H. Moorhead, and J. F. Porter, Dublin; R. Hunt, Leeds; J. F. Young, Liverpool; W. Tomlinson, Leeds and Edinburgh.

Of the 82 candidates examined on the above days, 21 failed to satisfy the Court, and were referred for a period of three months to further anatomical and physiological study.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on May 4th:—

Allwood, John Philip, Stafford.
Cockerton, Henry Herbert, Islington.
Hill, Alfred, Leeds.
Rope, Henry John, Wickham Market.
Seale, George John, Merthyr Tydvil.
Wade, Arthur, Boscastle, Cornwall.

The following gentlemen also on the same day passed their first professional examination:—

Barton, Edward Theodore, Ledwich School, Dublin.
Sargeant, Josiah John, London Hospital.

ROYAL COLLEGE OF SURGEONS OF IRELAND.—At the quarterly examination held on April 22nd, 25th, 26th, and 27th, the following gentlemen obtained the licence to practise Surgery:—

Joseph Ahearn, Andrew Hyland Beakey, John T. B. Beakey, Henry Borthwistle, Robert Boxwell, Walter Charles Burney, Henry Carpenter, James Coyne, Henry Thompson Cox, James Dawson, Andrew Francis Dobson, James Donovan, William Donovan, Joseph Fitzgerald, William Fleetwood, Alexander Flood, David J. Freeman, Stewart Hamilton, Richard Johnston, Joseph Henry Lockwood (Calcutta), Francis Malcolm Loftie, George Unthank Macnamara, John Henry Molohan, Andrew Bernard Morris, Richard George O'Flaherty, Henry Wm. Patterson, Domenick Rice, Richard Edmund Ross, Robert Wright Sterling, Thos. Townsend Somerville, Edward Thomas, Edward Chas. Thompson, Samuel Walsh, Hugh George Webb.

UNIVERSITY OF GLASGOW. — The following gentlemen obtained degrees in Medicine and Surgery during last session :—

DEGREES OF M.D.—Andrew Armour, Robert Bell, Robt. de la Poer Beresford, Charles James Borthwick, Alex. M. Buchanan, Evan Cameron, John Chalmers, Joseph Coats, John Dougall, Donald Fraser, Jas. Gibb, Wm. R. Haydon, George Hutchison, John Jack, Archibald Logan, John M'Laren, James T. Moore, Andrew Ritchie, John Harris Ross, Gopaul Chunder Roy, David Sloan, Walter Sutherland, Isaac Waddington, John Weir, Richard Wolseley.

DEGREES OF M.B. AND C.M.—John Aikman, James W. Anderson, James Brown, Daniel Carmichael, John Cunningham, James C. Dow, Robert T. Forbes, William Grant, Thomas B. Henderson, John Holme, William Lewis, Thomas Lynn, Alex. F. Mancor, John N. Millar, Hugh Miller, John P. Muir, James M'Closky, James F. M'Conaghy, Chas. M'Fadyen, Charles K. M'Kellar, George M'Kerrow, William F. M'Lean, James W. Reid, Robert Rodman, Henry Scanlan, Robt. Sinclair, John Sloan, John Stuart, George W. Thomson, James Whitson, David Wilkie.

DEGREES OF M.B.—James Allan, Archibald Craig, John C. Douglas, James Glendinning, Alexander Lindsay, James Lambie, Robert N. M'Cosh, Alex M'Lelland, Hugh H. M'Naal, Chas. M'Pherson, William Sneddon, James R. Watt, James E. Weir.

DEGREES OF C.M.—David Bigger, John L. Robertson.

GUY'S HOSPITAL holds its conversazione on the 31st inst.

JOHN LAMBERT, Esq., Poor-law Inspector, has been gazetted Civil Companion of the Order of the Bath.

THE Pharmaceutical Society of Great Britain holds a *conversazione* at the South Kensington Museum on the evening of Wednesday, the 17th inst., at eight o'clock.

WE regret to learn the death of Deputy-Inspector-General Dr. Telfer, a retired medical officer of the Army, in charge of the military prison at Gosport.

THE Silver Medal of the Medical Society of London has been awarded to Mr. Wickham Barnes for his services to the Society as secretary during the last two years.

DR. W. H. SHORT, medical officer of No. 6 District, Stow Union, Suffolk, has been awarded by the Medical Department of the Privy Council £8 13s. 0d. for meritorious vaccination in his district.

THE officers of her Majesty's Army, Navy, and Indian Medical Service, hold their annual dinner at Willis's Rooms on Friday, the 26th inst. The chair will be taken by the Director-General of the Navy Medical Department.

THE Hospital for Sick Children, at Great Ormond-street (according to the report read at the nineteenth annual meeting of the governors on Wednesday) contains 75 beds, and its country branch at Highgate 52 beds. The in-patients admitted during last year were 926, including 265 sent to the convalescent branch. The four assistant physicians and two surgeons of the out-patient department during 1870 had 12,221 children under treatment. At last year's festival (the Prince of Wales presiding) £5000 was collected, thereby raising the funds to £18,000, available for rebuilding the hospital.

THE German Hospital at Dalston held its twenty-sixth anniversary dinner on Wednesday evening in the Terminus Hotel, Cannon-street. His Royal Highness Prince Christian of Schleswig Holstein took the chair. The company, which included many distinguished names, numbered 200. In the course of his remarks, the chairman computed the Germans in London at 30,000, the majority of whom were engaged in industries prejudicial to health. Since its opening the hospital has relieved no fewer than 267,095 patients, many of them English. He concluded by hoping that the noble munificence of England to Germany during the war would be extended to the hospital. The subscriptions at the table amounted to £4050.

FATAL ACCIDENT TO A SURGEON AND HIS WIFE.—Mr. John Firth, M.R.C.S., of the highly respected firm of Firth and Fernie, in Macclesfield, was killed with his wife on Saturday afternoon, while driving in an open carriage. The horse became restive in going down Hill-street, and, starting off at a furious gallop, brought the vehicle in violent contact with some iron posts. Mr. and Mrs. Firth were thrown heavily on their heads, and picked up in a state of unconsciousness from which they never emerged. They died the same day within a few hours of each other. Mr. Firth, as a practitioner in Macclesfield of thirty-four years' standing, is deeply regretted throughout the town and neighbourhood.

AN OVER-DOSE OF CHLORAL.—Dr. Bruce, resident surgeon in the Dundee Infirmary, died on Monday forenoon under these distressing circumstances:—On Friday, the 5th, he complained to Mr. Moon, his colleague, of a swollen finger, caused, as he feared, at a *sectio cadaveris*. The swelling increased, and he took a dose of chloral hydrate to deaden the pain. This remedy he resorted to at intervals, until Monday morning, when he seems to have taken an extra quantity. Shortly thereafter he saw Mr. Moon in the parlour, and still complained of the swelling and pain. Mr. Moon desired an attendant to apply a poultice, and proceeded round the wards. On his return he found Dr. Bruce dead. Messrs. Begg and Allan, who were then in the infirmary, assisted Mr. Moon in his efforts at restoring Dr. Bruce, but in vain. The deceased gentleman had graduated last year, and held his post in the infirmary for only three weeks. He had previously served as an assistant in the North of England. He was but twenty-seven years of age, and born in Dundee, where he was much respected.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual meeting of the Society was held on Friday, April 28th, at 53, Berners-street. Mr. Charles Hawkins, V.P., took the chair, in the absence of the President, suddenly summoned into the country. After the reading of the minutes of the last general meeting, and those of the Courts of Directors held since that meeting, the chairman commented on the small number of members present, just sufficient to form a quorum, and on the small interest taken in the Society by the profession at large; out of over 4000 eligible as members, only about 400 availed themselves of the advantages offered by the Society. From the number of applicants for relief, the chairman could not think the small number of subscribers could be attributed to the fact that medical men, as a rule, could provide well for their widows and children, and consequently did not see the necessity of becoming members of the Society. The secretary read a statement of the affairs of the Society for the year 1870, from which it appeared that £2811 10s. had been distributed in grants, the expenses being £255 10s., an increase of grants by £106 10s. on those of the year before. The receipts of the year amounted to £3153 3s. 9d., an increase only of £19 16s. 2d. on those of 1869. The balance of available receipts over expenditure was only £11 odd. Seven new members had been elected, 9 had died, and 5 resigned, leaving a total of 429. Three widows and 5 children had been added to the list of recipients of grants; 6 widows and 8 children had died or become ineligible. At the end of the year 55 widows and 50 children were on the books of the Society. The following gentlemen—viz., Mr. W. B. Kesteven, Dr. Robert Fowler, Dr. W. Grayly Hewitt, Dr. T. H. Tuke, Mr. Edward Cock, and Mr. Alfred Willett, were elected directors, in the place of the six senior directors who retired by rotation. A vote of thanks to the chairman closed the proceedings.

Medical Appointments.

ADAMS, J., F.R.C.S.E., has been appointed a Clinical Assistant at the Royal London Ophthalmic Hospital, Moorfields.

BATEMAN, Mr. L. P., has been appointed Resident Medical and Surgical Assistant at the General Hospital, Birmingham.

BENNET, W. F., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Workhouse and first District of the Westbourne Union.

BUDWORTH, Mr. W. S., has been appointed Dispenser to the Bolton Infirmary, vice Mr. S. Kenyon, resigned.

CHITTENDEN, C. P. D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Resident Medical Officer to Charing-cross Hospital, vice S. S. Noakes, appointed Resident Accoucheur.

COWELL, G., F.R.C.S.E., has been appointed a Clinical Assistant at the Royal London Ophthalmic Hospital.

CRANNY, J. J., M.B., C.M., has been elected Assistant-Physician to the Rotunda Lying-in Hospital, Dublin.

CUNNINGHAM, J., M.B., C.M., has been appointed Assistant Medical Officer to the Towns Hospital, Glasgow, vice J. C. Dow, M.B., C.M., resigned.

DAVIES, Mr. H. W., has been appointed House-Surgeon to the Western Ophthalmic Hospital, Marylebone-road, vice W. T. Drew, M.R.C.S.E., resigned.

DUNLOP, R., M.D., has been appointed Medical Officer to the Irvine Workhouse, vice R. Stevenson, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

GOODSALL, D. H., L.R.C.P.L., has been elected an Hon. Assistant-Surgeon to St. Mark's Hospital for Fistula, &c., City-road.

GORDON, J. G., M.B., C.M., has been appointed Junior House-Surgeon at the Royal Infirmary, Manchester, vice A. E. Sutcliffe, M.R.C.S.E., resigned from ill-health.

HANDS, Mr. A., has been appointed a Resident Dresser at the General Hospital, Birmingham.

HUNTER, T., L.R.C.P.Ed., L.F.P. & S.Glas., has been appointed Medical Officer and Public Vaccinator for the Lowick District of the Glendale Union, Northumberland, vice H. B. Fawcus, M.D., M.R.C.S.E.

MARTIN, H. C., M.B., has been appointed House-Surgeon to the "Dreadnought" Seamen's Hospital, Greenwich, vice W. Macfie Campbell, M.B., resigned.

NETTLESHIP, E., F.R.C.S.E., has been appointed Curator and Librarian to the Royal London Ophthalmic Hospital.

NICOL, P., M.A., M.B., M.C., has been appointed a Physician to the Bradford Infirmary.

NOAKES, S. S., M.R.C.S.E., has been appointed Resident Accoucheur to Charing-cross Hospital, vice C. P. D. Chittenden, appointed Resident Medical Officer.

OWEN, Ll., M.R.C.S.E., has been appointed Chloroformist to the Birmingham Dental Hospital.

RAVENHILL, E. B., M.R.C.S.E., has been appointed House-Surgeon to the South Staffordshire General Hospital, vice H. L. Snow, M.B., resigned.

RAY, W. J. R., M.R.C.S.E., has been appointed Resident House-Surgeon at the Westminster Hospital, vice T. C. Eager, L.R.C.P.Ed., M.R.C.S.E., resigned.

ROSE, W., M.R.C.S.E., has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Dr. Nicholson, whose term of office had expired.

ROSS, J. A., M.D., C.M., L.R.C.S.I., has been appointed Medical Officer to the Newry Hospital, vice J. Morrison, M.D., F.R.C.S.I., resigned.

SLACK, Mr. G. F., has been appointed Resident Surgical Officer to Charing-cross Hospital, vice J. A. Lee, L.R.C.P.Ed., resigned.

STRANGE, A., M.D., late Assistant Medical Officer at the Metropolitan Asylum, Leavesden, has been appointed Senior Assistant Medical Officer to the Female Department of the Middlesex County Asylum, Colney-hatch, vice R. Carter, M.D., resigned.

TAY, W., F.R.C.S.E., has been appointed a Clinical Assistant at the Royal London Ophthalmic Hospital.

TOOZE, Mr. F. G., has been appointed a Resident Dresser at the General Hospital, Birmingham.

WALSHAM, W. J., M.D., C.M., has been appointed House-Physician to St. Bartholomew's Hospital, vice E. R. Evans, M.R.C.S., L.R.C.P., resigned.

WATSON, Dr., M.D., has been appointed Parochial Medical Officer for Irvine, Ayrshire, vice E. Stevenson, L.R.C.P.Ed., L.R.C.S.Ed., resigned.

WILLIAMS, Mr. T. W., has been appointed House-Surgeon to the Male Lock Hospital, Dean-street, Soho, vice T. Allen, L.R.C.P.L., resigned.

WILLS, T. M., L.K.Q.C.P.I., L.R.C.S.I., has been appointed Resident Medical Officer to the Bootle Hospital and Dispensary.

YEO, I. B., M.B., M.R.C.P.L., has been appointed an Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton, vice C. T. Williams, M.D., M.R.C.P.L., appointed a Physician.

Births, Marriages, and Deaths.

BIRTHS.

ADAMS.—On the 8th inst., at St. James's-road, Croydon, the wife of T. Rutherford Adams, M.D., of a daughter.

ARMSON.—On the 24th ult., at Yoxall, Burton-on-Trent, the wife of Charles Greasley Armson, Surgeon, of a daughter.

BLECKLEY.—On the 29th of March, at Simla, Punjab, the wife of Staff Surgeon T. M. Bleckley, M.D., LL.B., Secretary to the Inspector-General of Hospitals H.M.'s British Forces in India, of a son.

WILLIAMS.—On the 26th ult., at Higher Broughton, Manchester, the wife of Josiah Williams, L.R.C.P., &c., of a son.

MARRIAGES.

DAVSON—PRIDEAUX.—On the 4th inst., at St. Saviour's Church, Dartmouth, Frederick Adams Davson, M.D., C.M., of Roseville, Dartmouth, to Georgina Emma, fourth daughter of Samuel Were Prideaux, Esq., of Mount Galpine, Dartmouth.

KELLY—MIDDLETON.—On the 2nd inst., at the British Embassy, Brussels, Frederick Kelly, F.R.C.S.E., late of Salisbury-square, Fleet-street, to Emile Ann, daughter of the late Mr. Middleton, of Brussels.

OWEN—WILLIAMS.—At Bottwnog Church, Dr. Humphreys Owen, of Bron Philip, to Miss Williams, of Nanney-place, Pwllheli.

DEATHS.

COLEMAN.—On the 26th ult., E. H. Coleman, M.R.C.S.E., of Wolverhampton, Consulting Surgeon to the South Staffordshire Hospital, aged 76.

EVANS.—On the 29th ult., Lewis Evans, Surgeon, of Dolgelly, Merionethshire, aged 91.

DAVENPORT.—On the 9th inst., at Crosby House, Chigwell-row, Essex, Sarah, the beloved wife of Charles Davenport, Surgeon, aged 58.

PICKEN.—On the 7th inst., at Victoria-terrace, Sheerness, Richard Picken, M.D., R.N., aged 43.

TELFER.—On the 6th inst., at Anglesey, near Gosport, John T. Telfer, L.R.C.S.Ed., Deputy Inspector-General of Hospitals, aged 57.

WOOD.—On the 2nd inst., Robert Wood, F.R.C.S.E., of Ashton-under-Lyne, aged 60.

BOOKS ETC. RECEIVED.

Dr. Richardson's Discourse on Practical Physic.
Dr. Milne on the Principles and Practice of Midwifery.
Mr. Smith on the Chinese Materia Medica.
Mary Albert: Freddie's Latin Lessons.
Mr. Hammond on the Physics and Physiology of Spiritualism.
Galvano-Thérapeutiques.
Dr. Smith on Dental Anatomy and Surgery.
Mr. Davis's Latin Prose Exercises.
Mr. Marshall on the Canadian Dominions.
Mr. Macpherson on Our Baths and Wells.

Medical Diary of the Week.

Monday, May 15.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ANTHROPOLOGICAL INSTITUTE.—8 P.M.

Tuesday, May 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Chas. Brooke, "On Force and Energy."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. Report of Committee on Lardaceous Disease. — The following Specimens will be exhibited:—Mr. Gay: Myxoma. Mr. Sydney Jones: Parts removed in Excision of the Knee-joint. Dr. Bristowe: Malignant Disease of the Œsophagus. Mr. W. Adams: Fibroid Tumour of Palate. Mr. Maunder: Axillary Aneurism. Mr. Nunn: Warts from a Case of Epithelioma.—Dr. Risdon Bennett: Intra-Thoracic Growth. Dr. Crisp: Illustrations of Diseases of the Eye in the Lower Animals. Dr. Payne: Villous Cancer; Hodgkin's Disease combined with Acute Tuberculosis. Dr. Andrew: Malignant Disease of Colon and Stomach, with Fistulous communication between the two. Dr. Cruickshank: Malignant Disease of the Gall-bladder and Hepatic Duct.

Wednesday, May 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.

Thursday, May 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Sound."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Clinical Communications. — Dr. E. Symes Thompson, "On a Case of Chronic Ulceration of Stomach, with Perforation."

Friday, May 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—9 P.M. Prof. Huxley, "On Bishop Berkeley and the Metaphysics of Sensation."

Saturday, May 20.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

Notes, Short Comments, and Answers to Correspondents.

Mr. S. F. Baynall, (Preston.)—We have forwarded our correspondent's letter to its address. The following information will probably suffice for his purposes:—The United States Sanitary Commission Memoirs (Surgery), edited by Prof. Hamilton. New York: Hurd and Houghton; Cambridge, U.S., 1870. There are, besides, several circulars on the late American War issued by the Government of the United States, and published at Washington. These are numbered. No. 4 is the volume on Barracks, Hospitals, &c., and there is another (we forget its number), containing the medical and surgical statistics of the war, with plates of gunshot injuries, &c., and plans of the war hospitals. These documents may be obtained through the American agents of any respectable firm of booksellers in this country. Mr. Holmes's and Dr. Bristowe's Report is contained in one of the volumes of Mr. Simon's Reports. Captain Galton's book on Hospital Construction is published by Macmillan and Co., and there is a large and very valuable Report of the Barrack Commission, which enters fully into the subject of ventilation. This may be obtained of the Government printers, from whom probably the Poor-law forms may also be procured.

An Anxious Mother cannot do better than be guided by her medical adviser, whose instructions are most proper.

FOREIGN DIPLOMAS FOR THE UNREGISTERED.

THE letter of *Physician* serves to illustrate the disgraceful procedure of procuring foreign diplomas and practising on the strength of them. The essential condition for obtaining such diplomas or degrees, in most cases, is the payment of money. It is lamentable that a daily contemporary of high pretensions should admit into its columns advertisements such as that given in the letter alluded to. We lately had to comment on a similar advertisement in the same paper. It is satisfactory to know that the clauses of THE LANCET Bill would render all practice under such diplomas or titles illegal. Only those foreign degrees that might be recognised by the Medical Council would entitle to register and to practise. Gentlemen with respectable English qualifications who procure foreign degrees in ways that do not bear explanation should know that they are sanctioning a practice which is conducted in an unprincipled way, and should not expect for their degrees any recognition by the profession. Unfortunately the public is not so easily taught the difference between an English and a foreign degree, between one that is simply bought and one that represents an examination that really tests the knowledge of those who undergo it. There is the more urgent need for a Medical Act that will ruthlessly punish those who impose on the English public with foreign or purchased diplomas.

J. W., (Longton.)—The paper has been received, and shall have attention.

CASE OF POISONING BY CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—The following case of poisoning by carbolic acid may prove interesting.

On the 8th instant I was sent for to see a sailor, Edward M——, on board the ship *Recovery*, lying in this port, who was reported to have poisoned himself. I found him lying doubled up on the locker of the ship's saloon. I first noticed a strong odour of carbolic acid about him. He was comatose, with contracted pupils and intermittent pulse, stertorous breathing, and was frothing at the mouth. There was also a peculiar livid appearance about his eyelids, lips, and ears. On inquiry, I learned that he was a boatswain on board the ship, was ordinarily a very quiet man, but one who would go any length for liquor. I further learned that he was in good health and spirits up to within ten minutes of the period when he was discovered in the above state. It appeared that in the captain's cabin there were two earthenware jugs, similar in appearance, in a cupboard under a washstand; one of the jugs contained rum, the other impure carbolic acid for disinfecting purposes. The jug containing the rum was found undisturbed; the other was discovered half-way out of the cupboard, but with the cork in it. There was no smell of carbolic acid in this cabin. A sailor on the poop heard what he supposed to be somebody vomiting in the saloon, but thought it was the steward. The cook coming into the saloon first saw him lying in the position mentioned, and struggling as if in a fit. The steward told me that he had accidentally left the captain's cabin-door open, and had been hardly ten minutes out of the saloon when he heard the alarm, and on returning found the patient in the state described. All the circumstances detailed tended to show that he had gone into the captain's cabin to get after the rum; that in his hurry he mistook the jugs, and must have put the jug of carbolic acid to his lips, and, before he could discover the mistake, had swallowed a mouthful (probably) of the acid. How he managed to almost replace the jug and cork it, and to get into the saloon, and to the watercloset adjoining, where he must have vomited (there being a strong smell of carbolic acid there), and back again to the locker, where he was found, is astonishing. How much he did swallow, it is impossible to state. I administered an emetic by means of the stomach-pump, but without success. He sank rapidly, and in about half an hour after I got on board, and, from all accounts, within three-quarters of an hour after he must have taken the poison, he expired. I must add that his tongue and fauces were much corroded. I further learned that during a former voyage deceased had, in his hurried search for liquor, swallowed lamp-oil in mistake for rum!

There was no post-mortem examination. The rapidity with which the symptoms terminated allowed me no time for administering such bland articles as oil, chalk, &c.

I am, Sir, your obedient servant,

J. S. GERRARD, M.R.C.S. Eng.,

Morant Bay, Jamaica, March 9th, 1871. Government Medical Officer.

A London Student.—We do not differ much from our correspondent in thinking little of the mere condition of residence for graduation. But it is one thing to think little of mere residence, and another to grant the prayer of the University of St. Andrews. We hold it to be of the highest importance to the profession that its highest titles should represent the highest attainments.

M.D., (Dublin.)—The exciting cause is probably mental. The remedies used seem to us appropriate. Our correspondent might try the effect of cold baths.

J. P., (Lowestoft.)—We think that he could not recover a fee from the Board for the case as one of midwifery.

COLDNESS AND NUMBNESS OF FEET AND LEGS, THE SEQUEL OF DIABETES MELLITUS.

To the Editor of THE LANCET.

SIR,—Can any of your numerous readers give a cure for the above in a person fifty years old, and who was eleven years in India, and returned from there two and a half years ago? For the first year his health had been good, and he was able to attend to his military duties. The coldness began in October, 1869 (when a year at home), and has continued, but was a little better in the hot weather last summer. Is severer at night (in bed), interfering with sleep. Heat and walking give partial relief. Warm socks are worn in the day, and fleecy hose at night. Friction with hair-brush and stimulating liniments have been used; a hot water-bottle at night has also been used. He always wears day and night flannel shirts and drawers. Would a warm climate—i. e., a return to India—be of use?

Yours obediently,

May 9th, 1871. CHIRURG.

A MEDICAL STUDENT OF TWENTY-FIVE YEARS' STANDING.

AT an inquest held at Chesham lately on the body of Emma Brandon, who died in childbirth, the interest of the inquiry turned upon the question whether Mr. Hardy had been sufficiently attentive and skilful in the case. The jury could not agree, and the coroner bound them over to appear, to carry out the examination before the judge at the next assize. Mr. Hardy is one of those gentlemen who practise without a qualification. But he has invented a fine euphemism for expressing his anomalous position by saying that he is a medical student, or rather, "I have been a medical student for nearly twenty-six years." We can only admire his love of study; but we would suggest that until he can complete his studies he ought to desist from practising.

Mr. Nixon.—It is very unlikely indeed that any change will be made in the examination alluded to within the period specified.

Dr. J. H. Tylecote, (Sandon.)—The communication shall be published shortly.

SMALL-POX AND VACCINATION.

To the Editor of THE LANCET.

SIR,—If your correspondent, Mr. Skene, means from his letter (THE LANCET, April 22nd), as he apparently does, that his mode of vaccination has been the cause of his only returning 6 cases of insusceptibility of successful vaccination out of 600 cases, I cannot see what connexion the two have. I take it that if a child is insusceptible, no amount of care, nor the adoption of any particular mode of performance of the operation, will make it so. I differ from him in one part of the operation. I use the capillary tubes as he does; but I first make the scratches on the arm, and when the bleeding (if there is any) ceases, I remove the blood with the edge of the lancet, and then blow the lymph on the part, stretch the skin so as to open the scratches, and spread the lymph well over and into them.

With Mr. Prince's letter, advocating the payment of other than the public vaccinator for the performance of vaccination, I cannot agree, and I cannot congratulate him on the taste he displays in the sentence in which he speaks of "pleasurable delight in having foiled the parish officer." I do not deny that that will be the feeling among many of the class to which he refers. But is it a feeling to be encouraged? as his proposition, if carried into effect, would do. The parish doctor, it is well known, is not a very highly paid official, and, as a matter of course, he looks to the "extras" to eke out his salary. Of these "extras," vaccination fees come in for a considerable share, and were his suggestion adopted they would soon decrease. If Mr. Prince wants an easy way of preventing the spread of small-pox from one member of a family to another, the best way, in my opinion, would be an Act of Parliament making it compulsory for people to be revaccinated, either after a certain age, or at least when small-pox is in the house, instead of leaving it optional, and then people would have no more objection to go to the public vaccinator than they have now to send their children, or at all events we should find they would go to save their pockets either from the fee or from the fine for neglect. If they were taught to have a little more confidence in the parish doctor, instead of the "pleasurable delight" of foiling him, they would find it to their advantage, and the feeling he is "*only* the parish doctor"—i. e., a nobody—would soon disappear, the doctor's status being thereby raised.

I also think gratuitous vaccination of infants by private practitioners a great wrong to the public vaccinator, as well as derogatory to those performing it, as people should learn that the operation is one requiring care and skill, and so having a money value, as well as midwifery—instead of, in fact, making it *discount* on the midwifery fee.

I am, Sir, your obedient servant,

Mortlake, April 27th, 1871. ALEX. CRICHTON.

CHARACTERISTIC!

A BODY of Poor-law guardians in a town not far from London have been discussing the question of education for pauper children. One of them (representing the agricultural interest) was of opinion that paupers needed little or no schooling; in fact, if they were taught to milk, it was enough. An animated controversy ensued; and on the mind of the Board being taken, the ayes and noes were declared equal. Under such administration the paupers may perhaps be taught to milk; but it will certainly not unteach them their peculiar *vile* to "bleed"—the community.

THE communication of *Dr. Wm. Scott* (Dumfries) shall appear *quamprimum*.

A Subscriber.—We should consider that the course would have to be regulated in conformity with the rules of the Club of which the patient is a member.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—In the present day, when we have so much talk about "medical etiquette," and so little of it in real practice, cases which are unique are worthy of being recorded. The letter following sufficiently explains the whole of the circumstances. Instead of a reply, it was returned to me in an envelope.

Yours very faithfully,

Leighton Buzzard, Beds, May 3rd, 1871. HEN. BRAITHWAITE.

[COPY.]

Leighton Buzzard, May 3rd, 1871.

SIR,—Do you consider it either gentlemanly or professional to call upon patients of mine at Stewkley (on the score of old friendship), and *solicit* permission to vaccinate them?

Performing the operation upon the lady (an operation, by the way, which I have to-day repeated, because yours was unsuccessful), you then asked to be allowed to call and vaccinate the infant, after I had made a special journey to certify to its unfitness, because the public vaccinator had insisted upon its being done. You then said "the operation as performed by me was *not* vaccination," and, as a climax to the whole, assured them you would be very happy to attend them at any time they might send for you. In the event of an unsatisfactory reply, or no reply at all, to this, I shall consider myself at liberty to state the case in THE LANCET, with a copy of this letter, for the verdict of the profession generally, and particularly for those who *talk ethics* without practising them.

Very faithfully yours,

HEN. BRAITHWAITE.

To — Bodger, Esq., Surgeon, Leighton Buzzard.

Galen.—To our correspondent's first two questions we must give a decided reply in the negative. He will forgive us for saying that we almost wonder that he should put them. Not only would such courses as he describes be unprofessional, but they would be in the highest degree unwise, and would array against him the profession of the neighbourhood. If such things might be done by a pure physician, what things might not be permitted in a general practitioner. The third question is as easily answered as the others: Make every professional effort to obtain appointments proper to a physician; live like a physician; and, like a physician, wait, trusting to merit, and the appreciation of it by professional brethren.

G. D. P.—A medical man cannot practise in France on the strength of English qualifications.

W. C. J., (Reading.)—The first-named qualification is not a double one. As to the second qualification, we cannot alter the regulations of the Royal College.

TRACHEOTOMY IN SCALD OF THE GLOTTIS.

To the Editor of THE LANCET.

SIR,—The remarks of Mr. Hutchinson in your journal of February 11th, on the above subject, have seemed to me so worthy of attention by surgeons that I am induced to record the following two cases as bearing on the point.

M. A. M——, aged two years and ten months, sucked the spout of the tea-kettle on December 22nd, 1870, at 4 P.M. I saw her at 8 P.M., when the dyspnœa was very great. I watched her until 11 P.M., when, finding she was gradually yet surely becoming asphyxiated, I opened her trachea, with the concurrence of my friend Mr. Thomas, and at once gave the greatest relief to her breathing. In spite of the intensely cold weather then prevailing, and the parents being very poor, the child recovered, and is now quite well.

On March 14th, 1871, I was called to see F. J. A——, aged two years, four miles from home, who had also, about four hours previously, sucked the kettle-spout. In this case the dyspnœa was quite as distressing as in the former one, though there was not any lividity of the face or body. Mr. Thomas and myself suggested tracheotomy, on account of the possibility, and, as it seemed, probability, of complete closure of the glottis supervening, and the child living at so great a distance from my house. The parents declined to entertain the idea of an operation. The child, however, made a good recovery.

Here there can be no doubt that it was well this child was not operated upon; and in the other case it was equally as imperative to operate, as the symptoms were becoming progressively fatal. Hence Mr. Hutchinson's advice "for the surgeon to remain with his patient, ready whenever the necessity might occur, and to watch very carefully the tendency of the symptoms."

Yours truly,

Birmingham, April 5th, 1871. THOS. SAVAGE, F.R.C.S. (Exam.)

R. P., Medicus.—The psoriasis may be syphilitic or non-syphilitic. The history of the case and the action of medicines would help to determine. Arsenic in the form of liq. arsenicalis, two or three drop doses, with steel wine, would be worth a trial. It is a valuable remedy in skin affection, and sometimes is beneficial in phthisis. If the history of the case justifies a belief in the syphilitic nature of the psoriasis, and the arsenic fails to do good, and the general health is not very bad, we should see no harm in a careful use of small doses of bichloride of mercury or iodide of potassium, accompanied with tonics, cod-liver oil, &c.

A Qualified Practitioner.—The punishment proper to the "said student" is to prosecute him for a breach of the Medical Act, supposing him to use falsely any medical title. He cannot be prevented from passing any examination if he complies with the conditions of study, and can answer the questions put to him.

A LARGE DOSE OF CHLORAL HYDRATE.

To the Editor of THE LANCET.

SIR,—In proof of the variable effect of this drug, I wish to bring before the notice of your readers the following case.

A woman, aged thirty-six, the subject of phthisis and aortic valvular disease, and who suffered fearfully a short time since with breathlessness and paroxysms of pain almost amounting to angina pectoris, saved up five night draughts, containing twenty-five grains of chloral, with the view of committing suicide. She says she took this quantity, amounting to 125 grains, about three o'clock in the afternoon, and in a few moments went off into a kind of stupor. I was sent for, and reached the house at about eight o'clock, and then learnt from the people in the house that she had been in a very deep sleep, breathing stertorously, and that her fingers were perfectly blue, and her lips blue and tumid. I found her lying on the bed, having just awoke, in a very excited state, crying, seemingly in great distress of mind, and complaining of great pain at the heart. The face was a little bloated; there was no smell of chloroform; pulse 90, irregular. Knowing that she was in the habit of getting drunk occasionally, I put it down to that, more particularly when I was told that she had imbibed more than half a bottle of brandy, besides other liquor. The same evening, however, she confessed to having saved up and taken five draughts. I saw her the following morning, and found that she had had no sleep on the previous night, and was unable to take any food. The pulse was still irregular; otherwise she seemed as usual.

Your obedient servant,

May, 1871. B. A. R.

Junior Practitioner.—It seems to us that the proper treatment is to cure the menorrhagia by astringents, such as gallic acid, &c.; to support strength by nutritious food; to obviate embarrassment by too much mechanical movement, wrong positions of the body, &c.; to advise warm clothing or warm flannel bandages to the limbs, &c. Our correspondent does not say whether there is any bronchitis or emphysema, what is the duration and character of the aortic bruit, &c. &c.

J. D. wishes to be informed of any application that would remove boiling pitch more easily and with less pain from the skin than oil.

Mr. H. A. Husband.—The Report of the State Board of Health of Massachusetts would have to be procured from a member of the Mass. Legislature. It is not printed for sale to the public. We want no monopolies, and if we did want them, we should not get them from Parliament. The age of monopolies is gone. What THE LANCET Bill proposes is to make penal the practice of medicine under any false use of medical titles, and to make the use of any title penal, even in a registered practitioner, which is not in accordance with his qualifications. Nothing could be more injurious to the cause of medical reform just now than to produce an impression in Parliament that we want to create monopolies, and not to benefit the public by medical legislation. If our interests are not identical with those of the public, they will not be recognised in Parliament. We believe they are.

TREATMENT OF HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—I have before me extracts from several papers, commencing in September last, mentioning as many as ten or twelve deaths from hydrophobia in Liverpool, Bolton, Nottingham, Stockport, and Hanley, also that many other persons had been bitten. Excision or caustic is stated to have been used without effect; whatever other remedies were used is not stated, but they seem to have been equally inefficacious.

I will, with your permission, state that I have on several occasions from extremely large doses of hydriodide of potash seen such astounding effects, that I have been astonished myself at the result; once particularly, in a finger bitten by a dog, which had not been dressed by a medical man, but had healed. The finger at the end of two or three weeks began to swell furiously, the absorbents inflamed, and the glands under the arm became painful, when I was applied to. The wound had not opened afresh. I immediately gave the patient an extremely large dose of the hydriodide, to be repeated every other night. The first dose produced great effects, and the second dose relieved him so much that he would not take the third; but in a week or ten days, finding his finger again becoming stiffened from slight swelling, he was told to take the third dose, when all unpleasant symptoms vanished.

I have for years used the above medicine in all cases in which the system has been inoculated with poisonous animal matter, with most beneficial results, being thoroughly satisfied that animal poison can be destroyed (decomposed), even when pervading the blood. In cases of wounds, I wash them in a strong warm solution, to let it get well into the seat of inoculation, and then give it immediately if the patient is in great alarm; if not, at night, in plenty of water. I am of opinion it would be beneficial even after the premonitory symptoms commenced. At any rate it would be as good as any other remedy; and having this opinion of it, I would not hesitate, as a last resource, to inject it into the veins on Professor Halford's plan; for I would argue, if the system will bear the injection of a solution of ammonia, it would bear the hydriodide of potash. The poison must be attacked; it is useless to combat the symptoms. I once nearly succumbed from a puncture at a post-mortem. I afterwards during my hospital studies, and also after post-mortems, washed my hands in a strong solution of it or in hydrochloric acid. When going to a private post-mortem, I put one drachm in a tendrachm bottle of water, and well washed my hands with that in case of any unknown abrasions.

Your obedient servant,

May 6th, 1871. RENEX.

Felix.—The use of the title in the circumstances is illegal, and renders the person liable to successful prosecution. Perhaps the Royal College of Surgeons would prosecute. The conviction referred to was procured at Lambeth Police Court. Particulars and comments will be found in THE LANCET of July 17th and 24th, 1869.

Mr. H. Harvey.—If our sanitary machinery were what it should be, the medical officer of health would have power to make inquiries, and certify the cause of death should he think fit to do so; and if not, then to call upon the coroner to hold an inquest.

L.R.C.P.—Advertising by medical men in one shape or another is becoming sadly common. We shall not fail to express our opinion of it from time to time.

A MIDWIFERY GLOVE.

To the Editor of THE LANCET.

SIR,—Some two or three years ago, when engaged in a large parish practice, I had occasion to attend some patients in confinement who were suffering with syphilis. It then occurred to me that a solution or some other covering for the hand might be introduced that would afford more security to the medical attendant in such cases than the simple application of lard. For some months I tried to perfect a glove for this purpose. After much trouble and failure I gave it up as impracticable. When, some two or three months since, a friend drew my attention to a letter in THE LANCET, in which the correspondent suggested the great necessity for such a contrivance, I then again tried all over London, as before, to find some capable man to carry out my plan, and have at last been able to produce something that will answer the purpose.

I enclose you a specimen portion of the midwifery glove, and, as you will see, is so constructed that, while being a perfect protective covering, it has the combined advantages of being waterproof, allowing freedom of motion, and will leave the sense of touch perfectly unimpaired. The combined portion, if moistened with water when on the finger, is rendered so soft that any intermediate substance between the finger and object touched is scarcely appreciable. This glove I consider to be invaluable to all practitioners, especially those who have large midwifery practices, students attending hospital cases, and those engaged in the treatment of skin diseases and diseases of women. It frequently happens that the practitioner only becomes aware of the patient's condition at the confinement where syphilis is present. I have every reason from trial to say this glove answers well for such occasions, and, in accordance with the views of your correspondent, I hope it will prove "a boon" to the profession.

I am, Sir, yours obediently,

JAS. ROBT. LEEDOM, M.R.C.S.E.

Kirkby Stephen, Westmoreland, May 10th, 1871.

P.S.—I must apologise for sending you only a portion of the glove; but I may inform you that the whole is as perfect as the portion submitted for your kind approval. Oil or fatty matters spoil the substance of the glove, and in any case can be dispensed with.

A Medical Student.—Unqualified assistants should not be allowed to conduct branch practices as they do. Qualified men are to blame. We must not think that any Medical Bill will effect all the reform that is needed.

Veritas.—A licence is requisite.

Mr. J. R. Roberts.—Our correspondent should put himself in communication with the Royal College of Surgeons in regard to the case in question.

SANITATION IN INDIA.

To the Editor of THE LANCET.

SIR,—Dr. Morehead, in his article on "Sanitation in India," published in your journal of the 28th January and 11th March last, attributes the greater prevalence of cholera in the right or head-quarter wing of her Majesty's 58th Regiment at Allahabad in 1869 to the fact that that wing had been recently stationed for a long period in the hills at Darjeeling, where it enjoyed excellent health; while the left wing had during that time occupied the unhealthy station of Benares, where it had suffered much from sickness.

That the two wings suffered very unequally is beyond all question. Dr. Canningham, the Sanitary Commissioner with the Government of India, referring to the fact, says "it is difficult to account for the results, and no satisfactory explanation of them has been given." Dr. Morehead pronounces the difficulty "purely imaginary." He considers the case as merely "an illustration of the law in the physiology of animal heat; that the capacity of generating it varies in relation to external temperature, and is effected gradually, not suddenly; and of the law in pathology, that constitutional conditions and predisposition are always leading factors in the quantity, type, and mortality of disease, whatever its exciting cause may be." The practical conclusion he draws from the case is, that it is not desirable to locate European troops in the hills permanently, or for continued periods of two or three years. Those who are familiar with the many fatal practical errors which in the history of medicine in this country as well as in India have been based on supposed physiological laws will, I think, hesitate to accept an explanation in support of which no carefully observed and well recognised facts are forthcoming (for Dr. Morehead advances none, except this solitary case of her Majesty's 58th Regiment at Allahabad), and which leads to a conclusion so opposed to general opinion as that recommended by Dr. Morehead for adoption by Government. But as Dr. Morehead's high authority will, doubtless, have great weight with the Government in this important matter, I beg the favour of being permitted to show that his explanation is not so altogether free from objection as he supposes. If the explanation is true, it ought to be applicable in other similar cases. Is it, then, a fact that troops that have been long quartered in the hills are more prone to suffer from cholera and other maladies peculiar to the plains than troops continuously quartered in the plains? So far as I know, there is no large body of facts in existence bearing on this question, and I regret that I am unable to give an entirely satisfactory answer to it. But there are three cases which go far to show that the physiological law of animal heat, quoted by Dr. Morehead, does not operate in the way he supposes.

1. The three regiments which marched down from the Simla hills in the burning winds of May, 1857, did not suffer more from cholera and other sickness than their comrades who had been stationed in the plains. On the contrary, I believe it was the opinion of their medical officers that the wonderful endurance which they displayed in the ever memorable and protracted siege of Delhi was greatly owing to the stock of health they had laid in during their stay in the hills.

2. In the awful epidemic of cholera at Peshawur in 1869, her Majesty's 36th Regiment and a wing of her Majesty's 104th Regiment were placed under very similar circumstances, and their losses were about the same, the advantage, if any, being on the side of the 104th; and yet the 36th had been quartered continuously in the plains for several years, while the 104th, like the 58th, had come down from the hills after a long sojourn there in the previous cold weather. How came the law of animal heat to be suspended in this case?

3. In August, 1868, the working parties in the Murree hills were suddenly called in to take part in the expedition against the Sitana fanatics, and on several trying marches, exposed to intense heat, they exhibited a marked superiority in health and vigour to their comrades who had been exposed to the enervating influence of the long-continued and intense summer heat at Rawulpindi.

Dr. Morehead may, perhaps, object that this is not a case in point, as the men had been only a few months in the hills. It shows, at all events, how rapidly, notwithstanding the law of animal heat on which Dr. Morehead relies, the constitution of the men adapted itself to a climate of intense heat after some months' residence in a cool, mild climate, at an elevation ranging from 7000 to 9000 feet above the level of the sea.

Though the facts published regarding the epidemic at Allahabad afford no satisfactory explanation of the comparative immunity of the left wing, I cannot but think that that case, like so many others, was dependent upon a difference in the water-supply. The whole history of cholera in India shows how much the connexion between cholera epidemics and a contaminated water-supply has been overlooked. Even in Bombay, where the connexion has now become almost a matter of demonstration, the fact escaped the notice of many able observers, Dr. Morehead himself being among the number. The history of the Allahabad epidemic shows that the question of its possible connexion with an impure water-supply received very little consideration, and yet it is a fact that the Allahabad water-supply is greatly exposed to pollution. In connexion with this point, it is curious to note that the right wing suffered not merely from an excess of cholera, but of venereal as well, as the following table shows:—

	Strength.	Cholera admissions.	Venereal admissions.
Right wing	337	63	102
Left ditto	332	24	47

Now the venereal disease must have been contracted in the bazaars or in the town, in both of which cholera was epidemic, and the water-supply specially subject to contamination. Supposing the water-supply to have been the chief medium for the conveyance of the cholera virus, the body of men who most frequently visited the bazaar and town would be most likely to contract cholera. Though I am aware of no facts that confirm this conjecture, I think that those who are familiar with the ways of soldiers in Indian cantonments will admit that the inference I have drawn from the published statistics is not altogether unwarranted. A many-sided examination of facts is indispensable in the investigation of the causes of disease. In no case is it more so than in that of cholera. Your obedient servant,

Kingstown, May 2nd, 1871. A. C. C. DE RENZY.

Tenelo.—Advertising in the way specified, whether in the columns of the press, or on prescription-paper stamped with the address and consultation hours of the prescriber, is highly unprofessional. Our correspondent is thanked for the instances he cites, which shall be referred to on a future occasion.

Mr. Peter Wilmington, (Dublin.)—The only method is by depilation with a pair of fine forceps; but this could not well be employed where there were many to be removed.

SNAKE-POISON.

To the Editor of THE LANCET.

SIR,—If "Wanderer" tries the rum *minus* the centipedes, &c., he will find it just as efficacious. Alcohol is a common remedy. What is known in some parts of America as the "western cure" for the bite of the rattlesnake consists in administering very large quantities of whisky. When intoxication is produced, the patient is supposed to be safe. The fat of vipers is esteemed an antidote for their bites in some parts of England. I have myself found strong ammonia externally and alcohol internally the best remedy for the bite of a centipede; but the precaution of tying a ligature tightly above the wound, if situated in the extremities, should never be neglected. The guaco and other lianas have a great reputation in South America; but I have no experience of their utility. Some three or four years ago an attempt was made at Trinidad, W.I., to find an antidote for the poison of the rat-tail (lance-headed viper) of St. Lucia and Martinique, as great a scourge in those islands as the cobra in the East, but without effect. What I should like to learn is, in the cases of recovery after the injection of ammonia claimed by Professor Halford, of which class were the snakes? In one order of venomous snakes the poison appears to coagulate the blood; in another, to render it permanently fluid. If those snakes were of the former order—viz., those the poison of which causes the blood to coagulate, and that coagulation is prevented by the injection of ammonia, it would certainly appear that the poison abstracted from the blood its ammonia, and by supplying the loss the cure is effected. Yours obediently,

May, 1st, 1871. F. F. S.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Grailly Hewitt; Mr. Gant; Mr. C. F. Maunder; Mr. Coates; Mr. Stevens; Dr. Jackson, Birmingham; Mr. Boyle; Mrs. John Wood; Dr. Williams, Manchester; Dr. Sheen, Cardiff; Mr. Thompson; Mr. Armson, Yoxall; Mr. Boleyn; Mr. Evans; Mr. Crawford; Mr. Cumming; Mr. Eaton; Mr. R. Simpson, Oswestry; Mr. W. Jones; Dr. Dale, Plymouth; Mr. Fairbank; Dr. Tate; Mr. C. Johnston, Shop; Dr. Thompson, Leamington; Dr. Richardson, Frodingham; Dr. Joannides, Triest; Dr. Godfrey, Enfield; Mr. Horne; Dr. Yeo; Mr. Gibson; Mr. B. Smith; Mr. Averell, Broadway; Mr. George; Mr. Thomson; Mr. R. Crauford; Mr. Preston; Dr. Woodward, Worcester; Dr. Gayton; Mr. Bell; Mr. Jordan; Dr. Boyes, Alton; Mr. R. Palmer; Mr. Bullen; Dr. Baxter, Emsworth; Mr. Whitfield; Dr. Fletcher, Manchester; Mr. Sharp; Mr. Whitelow; Mr. Bagnall; Dr. Brown, Aberdeen; Mr. Matthews, Edinburgh; Mr. Nethercleft, Portsmouth; Mr. Watken; Dr. Joyce, Rolvenden; Mr. Hay; Dr. Nash, Tranquebar; Dr. Bakewell, Hendon; Dr. Marsdin, Eastbourne; Dr. Barnes, Dunstable; Mr. Gale; Mr. Lawrence; Dr. Griffiths; Mr. T. Smith; Mrs. Jeannin; Dr. Curran, Killarney; Dr. Donkin; Mr. Leigh; Mr. Wright; Mr. Wilton, Chepstow; Dr. Stark, Barrow-in-Furness; Mr. Bryden; Dr. Sherlock, Powick; Dr. Nolet, Schiedam; Mr. Prestwich, Oldham; Mr. Elliott; Mr. Lloyd; Mr. Greenwood; Mr. Tanner, St. Leonards; Mr. Lester; Mr. J. Darrell; Dr. Adams, Croydon; Dr. Leslie; Mr. Judd; Mr. White; Dr. Steven, Glasgow; Mr. Wilmington, Dublin; Mr. Bridge, Cheriton; Mr. Hoole; Mr. Ebsworth; Mr. Taylor; Dr. Telford, Bury; Dr. Robinson; Mr. Liston, Kirkby Stephen; Mr. Murfree; Mr. Hampton; Mr. Edwards, Liverpool; Dr. Tylecote, Sandon; Dr. W. Scott, Galloway; Mr. Davenport, Chigwell; Mr. Bayly; Dr. Webb; Mr. Fenning; Mr. Harvey; Mr. W. P. Lennett; Mr. Blackett; Mr. Spark; Mr. Dawding; Dr. Nicol, Bradford; Mr. James, Swindon; Mr. Brewer; Mr. Fowler; Dr. Jefferies, Hirwain; Mr. V. Jones, Dr. Groussin, Rambouillet; Dr. Strange, Leavesden; Mr. Whalley, Bradford; A. B. C.; M. S.; M. H. D.; G. D. P.; Medicus; M.D.; Felix; Senex; A Subscriber; W. E. J.; B. A. R.; Delta; H. B.; &c. &c.

Bury Free Press, Southampton Times, Cardiff Guardian, Tavistock Gazette, Washington National Medical Journal, Midland Counties Express, Birmingham Morning News, and *Lincoln Journal* have been received.

NOTICE TO SUBSCRIBERS.

IN conformity with the New Regulations of the Post-office authorities, the numbers of THE LANCET are now issued in an unstitched form only. The terms of Subscription are as follows:—

UNSTAMPED.

One Year ..... £1 10 4 | Six Months £0 15 2

STAMPED (*free by post*) TO ANY PART OF THE UNITED KINGDOM.

One Year ..... £1 12 6 | Six Months £0 16 3

TO THE COLONIES.	TO INDIA.
One Year £1 14 6	One Year £1 19 0

Post-office Orders in payment should be addressed to JOHN CROSS, THE LANCET Office, 423, Strand, London, and made payable to him at the Post-office, Charing-cross.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2 12 0
For every additional line.....	0	0	6	For a page	5 0 0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.